

Tobacco Control State Highlights 2002

Impact and Opportunity



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Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health



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Tobacco Control State Highlights 2002: Impact and Opportunity

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Foreword

This report highlights the opportunities and challenges that the tobacco control community is currently facing. It lays out the case for action, which has never been stronger, and presents information about the consequences of inaction, which are grave. We hope that this report will provide guidance to state decision makers as they navigate through these extremely challenging times with competing health and homeland security issues now facing our nation. Among these competing demands, tobacco control remains one of America's most pressing public health issues. Although we have very strong evidence that sustained implementation of effective tobacco control programs is a wise investment, tobacco use continues to be the number one leading cause of preventable death and disease.

While in a time of fiscal uncertainty, investing in tobacco control may seem like a difficult choice, but the payoff is clear. States like California, with one of the longest-standing tobacco control programs, are beginning to witness major returns on their investments, both in terms of lives and dollars saved.

We have proven strategies that have been rigorously evaluated and are known to deliver results. The Centers for Disease Control and Prevention (CDC), along with an impressive coalition of federal and private partners, stands ready to assist states in implementing the effective strategies highlighted in this report and detailed in CDC's *Best Practices for Comprehensive Tobacco Control Programs*, the 2000 Surgeon General's report *Reducing Tobacco Use*, the Task Force on Community Preventive Services' tobacco-related recommendations, and the Public Health Service guidelines on smoking cessation.

CDC also is committed to assisting states in developing programs that are fiscally responsible and accountable, and will work with states to track their progress toward meeting the *Healthy People 2010* objectives through surveillance systems, such as the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Survey, the Youth Tobacco Survey, and the Adult Tobacco Survey.

By working together at the community, state, and national levels and using approaches based in high-quality science, we can achieve our public health goals.

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Tobacco Control: Impact and Opportunity

Executive Summary

Tobacco use is the single most preventable cause of death and disease, causing 442,398 premature deaths in the United States annually from 1995 to 1999. Data in this report indicate that smoking-attributable annual death rates range from a high in Nevada of 414.3 per 100,000 to a low in Utah of 159.8 per 100,000. Smoking is a major risk factor for lung and other cancers, heart disease, and chronic respiratory diseases. One in every five deaths in this country is attributable to smoking.

Smoking among adults has slowly, but steadily, declined since 1993, causing smoking-attributable death rates to decline. However, 46.5 million American adults still currently smoke. Although the increases in youth smoking that persisted throughout the 1990s have leveled off, every day more than 5,000 young people try cigarettes for the first time. If current tobacco use patterns persist in the United States, an estimated 6.4 million children will die prematurely from a smoking-related disease.

The consequences of tobacco use impact the lives of citizens and the economies of industries and states. Direct medical expenditures attributed to smoking have risen since the early 1990s and now total more than \$75 billion per year. In addition to direct medical expenditures, smoking results in losses to productivity. Those losses now total more than \$80 billion per year. As states struggle to curb Medicaid costs, it is important to note that about 14% of all Medicaid expenditures are related to smoking. Within any one state, future changes in the direction of smoking-attributable costs will be related to the direction that a state takes with efforts to prevent and control tobacco use. Without comprehensive, sustained efforts to reduce rates of tobacco use, health care costs related to tobacco will continue to increase.

However, we have the ability to dramatically reduce the health and economic burden of tobacco use by employing proven tobacco control and prevention strategies. Achieving this goal will require collaboration among state decision makers, public health officials, business leaders, and community members.

The purpose of this report by the Centers for Disease Control and Prevention (CDC) is to assist those individuals and organizations committed to achieving a tobacco-free future by providing relevant and timely tobacco control information to guide decision making. Specifically, the report will

- summarize information regarding the health impact and economic burden of tobacco for each state,
- report state-specific data related to key tobacco control objectives,
- highlight evidence-based strategies that when implemented effectively will lead to achieving the highlighted *Healthy People 2010* objectives, and
- compare the current investment in tobacco control at the state level with the specific funding ranges recommended in CDC's *Best Practices for Comprehensive Tobacco Control Programs*.

The tobacco-related objectives of *Healthy People 2010* form the basis for assessing the nation's progress in achieving our tobacco control goals. This report highlights data that relate to four important *Healthy People 2010* objectives: reducing adult cigarette use, reducing tobacco use by adolescents, reducing exposure to environmental tobacco smoke, and eliminating disparities among population groups.

Data presented in this report indicate that the ambitious goals for 2010 are achievable and have already been met in a limited number of states. In most cases, however, there remains a great deal more to be done. Given the wide variation across states in these key indicators, it is clear that the approaches employed to achieve these objectives will need to be tailored to fit each state's unique situation. Fortunately, the foundation for action has already been laid. The proven strategies highlighted in this report are discussed in more detail in CDC's *Best Practices for Comprehensive Tobacco Control Programs*, the 2000 Surgeon General's report *Reducing Tobacco Use*, the Task Force on Community Preventive Services' tobacco-related recommendations, and the Public Health Service guidelines on smoking cessation. When employed as part of a comprehensive program, these strategies have demonstrated reductions in consumption, decreases in smoking prevalence among both youth and adults and, when sustained over time, more rapid declines in lung cancer and heart disease rates.

The state settlement agreements with the tobacco industry and gross cigarette tax revenue account for more than \$16 billion in state revenue each year and provide a major opportunity for tobacco control funding. Of the 48 states and the District of Columbia for which data were available,* 42 have invested a total of \$637.2 million in fiscal year 2002 from settlement revenues and 3 states have invested an additional \$123.9 million* from cigarette excise tax revenue. Another \$13.6 million in general revenues was invested by nine states. State investment in tobacco control totals \$774.7 million* in fiscal year 2002. National funders of state tobacco control programs include federal agencies and private foundations. National funders continue to play an important role in state-level tobacco control efforts, with investments totaling \$89.8 million in fiscal year 2002. In Tennessee and the District of Columbia, funds from national sources are the only funds being invested in tobacco control. In 12 states, funding from national sources accounted for 50% or more of the funds being invested in that state.

For the nation as a whole, combined resources from state and national sources for state-level tobacco control efforts in fiscal year 2002 total \$861.9 million, representing \$3.16 per capita. In fiscal year 2002, at least six states (Hawaii, Maine, Maryland, Minnesota, Mississippi, and Ohio) are meeting or exceeding the *Best Practices* lower estimated funding recommendation. Vermont is at 98% of the lower estimated funding recommendation. Two states (Arizona and Massachusetts) were not analyzed, because their state budgets had not been finalized at the time this publication went to press. Last fiscal year, both states met the *Best Practices* lower estimated funding recommendation.

Although these investments represent a significant commitment to the nation's tobacco control goals, the level of investment still falls short of what is needed to ensure success. And although the level of investment in comprehensive tobacco control programs has been shown to make an

*The investment analysis does not include Arizona and Massachusetts state funding, because fiscal year 2002 budget amounts were undetermined at the time this publication went to press.

independent and significant contribution to reducing consumption of tobacco products, true success will only be achieved by implementing proven strategies, monitoring progress, and sustaining effective programs over time. This report begins to assess the capacity of states to monitor and report on their progress in achieving short-, intermediate- and long-term objectives that can be directly linked to reducing the health and economic burden of tobacco use. States are in varying development stages in evaluating their progress in meeting short- and long-term objectives to reduce the health and economic burden of tobacco.

For more information on data sources, CDC has published *Surveillance and Evaluation Data Resources for Comprehensive Tobacco Control Programs*. The accompanying guide, *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs*, will assist state tobacco control program managers and staff in planning, designing, implementing, and evaluating comprehensive tobacco control efforts.

In conclusion, although it is apparent that there is more to do before we achieve our goals of reducing tobacco-related disease, disability, and death in all states and among all populations, it is also apparent that significant efforts are being made. Sharing information regarding the current tobacco disease burden as well as the initiatives being undertaken to address this burden will allow states to learn from each other and bring the nation closer to meeting its *Healthy People 2010* goals.

Introduction

Tobacco use is the single most preventable cause of death and disease in the United States. Smoking alone was responsible for 442,398 premature deaths in the United States annually from 1995 to 1999.¹ These include deaths from lung and other cancers, cardiovascular diseases, infant deaths attributed to maternal smoking, and burn deaths. These premature deaths also include deaths from lung cancer and heart disease attributable to exposure to secondhand smoke. Smoking among adults has slowly, but steadily, declined since 1993, causing smoking-attributable death rates to decline. Declines in smoking-attributable death rates are mainly the results of declines in lung cancer death rates among men and declines in cardiovascular death rates among both men and women. Smoking-attributable lung cancer death rates among men have decreased, because of declines in smoking prevalence during the past several decades. Cardiovascular death rates are decreasing due to changes in lifestyles, including declines in smoking prevalence. Data in this report indicate that smoking-attributable annual death rates range from a high in Nevada of 414.3 per 100,000 people to a low in Utah of 159.8 per 100,000 people. Despite these declines, one in every five deaths still is attributable to smoking. Smoking remains a major risk factor for lung cancer, heart disease, and chronic respiratory diseases.² If current tobacco use patterns persist in the United States, an estimated 6.4 million persons currently aged 18 years or younger will die prematurely from a smoking-related disease.³

In addition to the enormous personal, social, and emotional toll of tobacco-related diseases, tobacco use has significant economic and societal impact. In 1998, smoking-attributable direct medical expenditures totaled \$75.5 billion.¹ These expenditures include annual individual expenditures for four types of medical services, including ambulatory care, hospital care, prescription drugs, and other care (including home health care, nonprescription drugs, and other nondurable medical products). Expenditures for vision products and dental care were excluded. Smoking-attributable direct medical expenditures are rising, largely because of medical care inflation and inflation-adjusted, real increases in health care expenditures in the United States. The real growth in health care expenditures may be the result of population aging, increased access to health care, increased demand for health care services independent of access issues, and past smoking behavior. As states struggle to curb Medicaid costs, it is important to note that about 14% of all Medicaid expenditures are related to smoking.⁴ Annually, between 1995 and 1999, smoking-attributable productivity losses from premature deaths totaled \$81.9 billion.¹ Within any one state, future changes in the direction of smoking-attributable costs will be related to the direction that state takes with efforts to prevent and control tobacco use. Without comprehensive, sustained efforts to reduce rates of tobacco use, health care costs related to tobacco use will continue to increase.

Fortunately, a great deal is known about how to prevent and control tobacco use. The science base has been established over several decades of clinical, behavioral, and epidemiologic research and has been proven through rigorous evaluation of comprehensive programs at the national, state, and local levels. The specific strategies that are recommended are contained in the Centers for Disease Control and Prevention's (CDC's) *Best Practices for Comprehensive Tobacco Control Programs*,⁵ the 2000 Surgeon General's report *Reducing Tobacco Use*,⁶ the Task Force on Community

Preventive Services' tobacco-related recommendations,⁷ and the Public Health Service guidelines on smoking cessation.⁸ If these strategies were fully implemented, the rates of tobacco use among young people and adults could be cut in half, thus reducing the number of smoking-attributable deaths and expenditures in the United States.⁹

Furthermore, the Surgeon General and the Institute of Medicine have both concluded that implementing these strategies through a comprehensive state-based program can be an effective means of curtailing the tobacco epidemic.^{6,10} For example, after implementing a comprehensive tobacco control program based on evidence-based strategies in 1993, the state of Massachusetts experienced significant declines in per capita cigarette consumption rates as well as in adult- and youth-smoking prevalence rates.⁶

Currently, all 50 states and the District of Columbia have tobacco control programs in place that have the potential to achieve similar results. If adequately funded, tobacco control programs that draw on strong scientifically-based interventions can reduce the number of adults who smoke by promoting quitting, prevent young people from ever starting, reduce exposure to secondhand smoke, and identify and eliminate disparities in tobacco use among population groups.

To assist states in developing such programs, CDC has established guidelines for effective, comprehensive tobacco control programs, including recommended funding levels for achieving optimal results. These guidelines are contained in the document *Best Practices for Comprehensive Tobacco Control Programs*,⁵ which provides detailed programmatic and funding information regarding the nine program elements of a comprehensive program:

- community programs to reduce tobacco use,
- chronic disease programs to reduce the burden of tobacco-related diseases,
- school programs,
- enforcement,
- statewide programs,
- counter-marketing,
- cessation programs,
- surveillance and evaluation, and
- administration and management.

Based on the experience of California, Massachusetts, and other states with comprehensive programs, CDC's *Best Practices* includes state-specific funding recommendations. In summary, the approximate annual costs to implement all the recommended program components have been estimated to range from \$7 to \$20 per capita in smaller states (population less than 3 million), \$6–\$17 per capita in medium-sized states (population 3–7 million), and \$5–\$16 per capita in larger states (population more than 7 million).

As *Best Practices* provides guidance to states as they undertake efforts to reduce illness, disability, and death related to tobacco use, *Healthy People 2010*¹¹ provides a blueprint for the nation for achieving tobacco control goals. *Healthy People 2010* is a set of health objectives for the nation, established with the input of hundreds of interested individuals and organizations, designed to

shape the public health initiatives of the first decade of the 21st century. Within *Healthy People 2010*, tobacco use is one of 28 focus areas and has also been included in a smaller set of health priorities known as leading health indicators. Reducing cigarette smoking by adults and adolescents are the two *Healthy People 2010* objectives associated with the leading health indicator in tobacco use. In addition, reducing the proportion of nonsmokers exposed to environmental tobacco smoke is the objective associated with the leading health indicator of environmental health. Finally, one of the overarching goals of *Healthy People 2010* is to eliminate health disparities among population groups. This goal will be met only if health disparities associated with tobacco use are eliminated.

These objectives are consistent with the goals of CDC's National Tobacco Control Program, a major source of federal funding for state-based comprehensive tobacco control programs. As a result, this report highlights state-specific data that relate to progress in these four areas. In order to ensure optimal results and efficient allocation of tobacco control resources, state tobacco control programs should monitor and report their progress toward meeting the goal of reducing death and disease caused by tobacco use. Meeting this overall goal should be measured through achievements in short-, intermediate-, and long-term objectives directly linked to reducing the health and economic burden of tobacco use. CDC's *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs*¹² describes strategies to measure program outcomes. This report also highlights state efforts to establish systems by which critical tobacco use indicators can be monitored.

Finally, many new and emerging opportunities exist for states to identify and invest additional resources in tobacco control. From tobacco settlement dollars to excise tax revenues to federal and private funding streams, resources have increased significantly during the past 3–5 years. However, as demands on states are becoming increasingly complex because of rising health care costs, economic uncertainty, and homeland security measures, it becomes more of a challenge for states to determine how to allocate resources appropriately and effectively. CDC recognizes that funding decisions must be determined based on a state's individual needs and priorities, but it is also important to note that the level of investment in comprehensive tobacco control programs has been shown to have a direct and independent effect on tobacco consumption.¹³ Given the enormous economic burden resulting from tobacco use, comprehensive and sustained tobacco control programs are likely to produce significant economic benefits. The California Department of Health Services has estimated that for every \$1 spent on its comprehensive tobacco control program between 1990 and 1998, an estimated \$3.62 in direct medical costs was avoided.¹⁴

The purpose of this *State Highlights* report is to

- summarize information regarding the health impact and economic burden of tobacco for each state,
- report state-specific data related to key tobacco control objectives,
- highlight evidence-based strategies that when implemented effectively will lead to achieving the highlighted objectives, and
- compare the current investment in tobacco control at the state level with the specific funding ranges recommended in CDC's *Best Practices for Comprehensive Tobacco Control Programs*.

Reduce Cigarette Use Among Adults

It has long been recognized that preventing young people from using tobacco is essential to achieving a tobacco-free future. Even if we are completely successful in achieving our youth prevention goals, the enormous economic burden of tobacco use will continue for several more decades to come if the current rate of smoking among adults remains unchanged. To achieve the full social and economic benefit of tobacco control efforts, current smokers must also be assisted in ending their addiction. More than 46.5 million adults in the United States smoke cigarettes,¹⁵ and nearly 70% of them want to quit,¹⁶ but only a small percentage are able to quit permanently each year. Furthermore, because of the impact of social role models and social norms, adult tobacco use is likely to contribute to smoking initiation rates among youth.

For these important reasons, *Healthy People* objectives include an overall objective to cut the prevalence of tobacco use among adults in half by 2010 as well as accomplish a number of specific objectives, such as increasing the number of smoking cessation attempts by adults to 75%.¹¹ Obviously, smoking cessation is key to reducing the number of adults who smoke. The 2000 Surgeon General's report *Reducing Tobacco Use* concludes that pharmacologic treatment of nicotine addiction, combined with behavioral support, will enable 20–25% of users to remain abstinent at 1 year post treatment. Even less intensive measures, such as physicians advising their patients to quit smoking, can produce an increase in cessation of 5–10%.⁶ In its recommendations on reducing tobacco use, the independent Task Force on Community Preventive Services strongly recommends implementing health care provider reminder systems alone or in conjunction with provider education as effective methods to increase cessation attempts. The Task Force also strongly recommends reducing patient out-of-pocket costs for effective cessation treatment in order to increase the number of patients who quit.⁷ According to a recent *MMWR*, however, only one state, Oregon, has a Medicaid program that covers comprehensive tobacco cessation programs outlined in the Agency for Health Care Research's *Public Health Service Clinical Practice Guidelines*.¹⁷ These guidelines make seven recommendations related to behavioral and pharmacologic treatments.⁸ Finally, the Task Force strongly recommends tobacco use cessation telephone counseling in both clinical and community settings, and notes that media campaigns increase the use of these quitlines.⁷

In addition to addressing issues regarding treatment for tobacco dependency and cessation services, reducing the prevalence of adult tobacco use also requires efforts to change social norms regarding the acceptance of tobacco use. The Task Force also strongly recommends mass media campaigns featuring long-term, high-intensity counteradvertising as an effective strategy to reduce adult prevalence by increasing cessation.

In *Reducing Tobacco Use*, the Surgeon General also addressed the impact of changing social norms on the prevalence of tobacco use and concluded that clean indoor air regulations and restrictions on minors' access to tobacco products contribute to a changing social norm with regard to smoking and may influence prevalence directly. In addition, the Surgeon General concluded that increases in the excise tax on tobacco products will reduce the prevalence of smoking among youth and adults, the consumption of tobacco, and the long-term health consequences of tobacco use. The Task Force also strongly recommends increasing the unit price of tobacco products as effective in both increasing cessation and preventing youth initiation.

By incorporating all of these strategies into a comprehensive, sustained, and accountable tobacco control program, some states have seen dramatic results. For example, following the implementation of a tax increase that funded, in part, the establishment of the Arizona Tobacco Education and Prevention Program, adult prevalence rates in the state of Arizona decreased substantially. Declines in prevalence were seen among women, men, whites, and Hispanics throughout the state. Two of the sharpest decreases in prevalence occurred in those with incomes less than \$10,000 and those with less than an eighth-grade education, an encouraging finding that offers promise in eliminating tobacco-related disparities. During the same period, a substantial increase was shown in the proportion of smokers who reported that either a health care provider or a dentist asked about their tobacco use and advised them to quit.¹⁸ As a result, Arizona achieved one of the lowest prevalence rates for cigarette use in the country, with 18.6% of adults indicating that they were current smokers in 2000.¹⁹

Across the country, adult smoking prevalence in 2000 varied more than twofold, ranging from 12.9% in Utah to 30.5% in Kentucky.¹⁸ In addition to Kentucky, the states with the highest current smoking prevalence among adults were Nevada (29.1%), Missouri (27.2%), and Indiana (27.0%). Along with Utah, the states with the lowest prevalence rates were California (17.2%), Arizona (18.6%), and Montana (18.9%). The median smoking prevalence among adults was 23.3%. Based on these data, no state has yet achieved the *Healthy People 2010* objective of reducing tobacco use in adults aged 18 years and older to 12%.

Because of the importance that cigarette price plays in achieving tobacco control goals, and because excise taxes are a significant contributor to the overall price of tobacco products, this report also provides information regarding cigarette excise tax rates among states. These tax rates also vary dramatically, ranging from \$0.025 in Virginia to \$1.50 in New York, which became effective in April 2002. When combined with the federal excise tax on tobacco products of \$0.39,²⁰ it is clear that the *Healthy People 2010* objective of increasing the average federal and state tax on cigarettes to \$2.00 is still far from being achieved.

Reduce Tobacco Use by Adolescents

Data from the National Youth Tobacco Survey indicate that in 2000, 28% of high school students and 11% of middle school students were current smokers, and 34.5% of high school students and 15.1% of middle school students had used some form of tobacco (e.g., cigarettes, smokeless tobacco, cigars, pipes, bidis, or kreteks) during the past month.²¹ These figures underscore the fact that preventing young people from using tobacco products remains a critical element of a comprehensive tobacco control program. As evidence of the importance of this goal, 10 specific *Healthy People 2010* objectives address youth. Although the increases in tobacco use among youth that occurred through the 1990s appear to have leveled off, every day almost 5,000 young people try cigarettes for the first time.²² If current tobacco use patterns persist in the United States, an estimated 6.4 million people who are currently younger than age 18 will die prematurely from a smoking-related disease.³

Fortunately, we know how to prevent tobacco use among young people, and we are beginning to see results from our efforts. Smoking among youth increased during the 1990s, but these troubling trends may be reversing. In addition, the dramatic results achieved in a few states with

comprehensive tobacco control programs in place suggest that even more significant declines can be achieved. In *Reducing Tobacco Use*, the Surgeon General concluded that educational strategies, such as those outlined in CDC's *Guidelines for School Health Programs to Prevent Tobacco Use*,²³ conducted in conjunction with community and media-based activities can postpone or prevent smoking onset in 20–40% of adolescents.⁶

The importance of school programs as part of a comprehensive program was recently demonstrated in the state of Oregon, where the Tobacco Prevention and Education Program was created in 1997 with excise tax revenues generated by a voter-initiated ballot measure. A portion of the approximately \$8.5 million of the new tax revenues appropriated annually for tobacco control was used to implement school-based tobacco control programs consistent with CDC's *Guidelines for School Health Programs*. Because funding for the program is still quite limited, grants were awarded to only about one-third of the schools in the state. Results from this project were carefully analyzed, and the results were clear. From 1999 to 2000, 30-day smoking prevalence among eighth-grade students declined more in schools funded to implement these guidelines than in a comparison group of nonfunded schools.²⁴ These data suggest that comprehensive, school-based tobacco prevention programs that include tobacco-free school policies and community involvement as one component of a statewide program may contribute to reductions in current smoking among eighth graders. Of importance, how the guidelines were implemented was also influential. In schools where the CDC recommendations were implemented more fully, rates of cigarette smoking declined more rapidly.

Counter-marketing, enforcement of regulations such as minors' access restrictions, and clean indoor air regulations are three other components of a comprehensive tobacco control program that are particularly relevant to reducing youth tobacco use. In its independent review of the literature to determine the effectiveness of various strategies to reduce youth tobacco use, the Task Force on Community Preventive Services strongly recommended mass media education campaigns featuring long-term, high-intensity counter-advertising, particularly when these efforts are combined with other interventions, including tobacco price increases and community- or school-based education programs.⁷ This recommendation fully supports the *Best Practices* guidance for counter-marketing funding levels.

According to *Best Practices*, active enforcement of tobacco control policies enhances the efficacy of existing regulations by deterring violators and establishing community norms, and is an important and essential element of a comprehensive effort to reduce young people's use of tobacco. Other types of tobacco control policies and regulations can also contribute to the prevention of youth smoking. As outlined in *Reducing Tobacco Use*, regulation of tobacco products sale and promotion are effective in preventing young people from initiating smoking. The regulation of advertising and promotion, particularly those directed at young people, is likely to reduce both prevalence and commencement of smoking. Finally, raising the price of tobacco products has a rapid and reactive effect on the prevalence of youth tobacco use.

The implementation of strategies designed to address the problem of youth tobacco use varies dramatically across states, and as the data presented in this report demonstrate, so do the rates of tobacco use among youth. State-specific data were collected by states using the Youth Tobacco Survey (YTS)²¹ and the Youth Risk Behavior Survey (YRBS).²⁵ Among the 38 states with data

available for youth in grades 6–8, current smoking rates varied from 6.7% in California to 21.5% in Kentucky. The rates for any current use of tobacco among this age group were also low in California (10%) and highest in Kentucky (28.3%). Forty-seven states collected data on current cigarette smoking in grades 9–12. Current cigarette smoking in this age group ranged from a high of 40.6% in North Dakota to a low of 11.9% in Utah, more than a threefold difference. Only Utah and the District of Columbia (14.7%) have met the *Healthy People 2010* objective of reducing current cigarette use by students in grades 9–12 to 16% or less. Among the 34 states with data available for current use of tobacco among youth in grades 9–12, the rates ranged from 14.5% in Utah to 47.9% in West Virginia. As was the case with cigarette use, only Utah and the District of Columbia (21%) have met the *Healthy People 2010* objective of reducing use of any tobacco product by students in grades 9–12 to 21% or less.

Reduce the Proportion of Nonsmokers Exposed to Environmental Tobacco Smoke

Environmental tobacco smoke (ETS) is a known human carcinogen, responsible for at least 3,000 lung cancer deaths each year,²⁶ as well as more than 35,000 cardiovascular deaths and the exacerbation of hundreds of thousands of asthma cases and lower respiratory tract infections.²⁷ Since the late 1980s, CDC has tracked exposure to ETS by measuring the level of cotinine (a metabolite of nicotine) in representative samples of the U.S. population, including both smokers and nonsmokers, through NHANES. In its report on data from 1999, CDC revealed that the median cotinine level among nonsmokers aged 3 years and older has decreased by more than 75%. This reduction in cotinine levels objectively documents a dramatic reduction in exposure of the general U.S. population to environmental tobacco smoke since the period 1988–1991.²⁸ The public health community, state and local decision makers, and business leaders can take great pride in their accomplishments in reducing exposure to ETS. Because more than one-half of American youth are still exposed to this known human carcinogen, ETS remains a critical public health concern.

The Task Force on Community Preventive Services has strongly recommended smoking bans and restrictions (through policies, regulations, and laws) to effectively reduce exposure to ETS.⁷ The 2000 Surgeon General's report *Reducing Tobacco Use* goes one step further by concluding that although most state and local laws for clean indoor air reduce but do not eliminate nonsmokers' exposure to ETS, smoking bans are the most effective method for reducing ETS exposure.⁶

Although the Surgeon General's report concluded that smoking bans are the most effective means of reducing exposure, the *Healthy People 2010* objectives only include a total ban in school environments. In public and private worksites and in other environments, the *Healthy People 2010*¹¹ objective is to increase the proportion of such environments with formal smoking policies that prohibit smoking or limit it to separately ventilated areas to 100%. In 1998–1999, 79% of worksites with 50 or more employees had formal smoking policies that prohibited or limited smoking to separately ventilated areas.¹¹ Data collected in 1998 and 1999 by the Current Population Survey Tobacco Use Supplement from individuals aged 15 years or older indicate that 69% of people were protected from exposure to tobacco smoke in their worksite. Data presented in this report document state-specific ranges from a high of 84.4% in Utah and 81.7% in Maryland to a low of 48.9% in Nevada and 57.1% in Kentucky.²⁹

Because children continue to be exposed to ETS at a higher rate and this exposure most often occurs at home, *Healthy People 2010* also includes the objective of reducing the proportion of children who are regularly exposed to tobacco smoke at home. An intermediate step toward this goal is to establish a policy within the home that bans smoking. Data collected in 1998 and 1999 through the Current Population Survey Tobacco Use Supplement from individuals aged 15 years or older indicated that 61.1% of people were protected by a ban on tobacco smoke in their homes. State-specific data presented in this report indicate that the percentage of people protected by a ban on tobacco smoke in their homes varies from a high of 81.7% in Utah to a low of 39.9% in Kentucky. In addition to Utah, California had a large number of people (74.3%) who were protected by a ban on tobacco smoke in their homes. In addition to Kentucky, only 42.5% of people in West Virginia were protected by a smoking ban in their homes.³⁰

Eliminate Health Disparities Among Population Groups

Reducing the burden of disease among all population groups is a *Healthy People 2010* goal. The *Healthy People 2010* objectives strive to eliminate health disparities among all population groups. Health disparities exist within a specific segment of the population and are associated with gender, race or ethnicity, education or income, age, geographic location, or sexual orientation. As the data presented in this report indicate, disparities clearly exist among population groups related to tobacco use; however, approaches to eliminate those disparities are still being developed. The first step in eliminating these disparities is to identify which groups are experiencing a higher burden of disease, an increase in tobacco use, or difficulty in accessing tobacco control programs. Data presented in this report can assist states in identifying disparities among different population groups with regard to current cigarette smoking. This report documents current cigarette smoking rates by racial and ethnic group, gender, education, and age.³¹ Education level was very closely correlated with income level; therefore, only education levels are displayed.

The prevalence of current smoking varies significantly among the five racial and ethnic groups for which data are presented. Overall, American Indians (AI) and Alaska Natives (AN) are more likely to smoke than other racial and ethnic groups, with considerable variation in prevalence by tribe. Hispanics, African Americans, and Asian Americans/Pacific Islanders are less likely to smoke than other groups.¹¹ Among the 26 states where data were available from the 1999 and 2000 Behavioral Risk Factor Surveillance System (BRFSS) within the AI/AN populations, current cigarette smoking prevalence ranged from 10.9% in Arizona to 60.8% in Minnesota, with a median prevalence of 34.5%. State-specific data from the 1999 and 2000 BRFSS reveal that among the 49 states and the District of Columbia where data were available, within the Hispanic population, current smoking rates ranged from 12.7% in Arizona to 38.3% in Iowa, with a median of 23.0%. Among the 28 states where data were available, within the Asian American/Pacific Islander population, current cigarette smoking prevalence ranged from 24.9% in Nevada to 5.6% in Connecticut, with the median smoking prevalence of 13.4%. Among the 41 states and the District of Columbia, where data were available for the African American population, current smoking rates ranged from 7.9% in Hawaii to 39% in Oregon, with the median prevalence being 23.3%. All states and the District of Columbia had data for whites, and the current smoking rates ranged from 13.0% in Utah to 30.4% in Kentucky.

Overall, men are more likely to smoke than women.¹¹ State-specific data reveal that current smoking rates among women varied from 11.4% in Utah to 29.5% in Nevada. Current smoking rates among men varied from 14.5% in Utah to 33.4% in Kentucky.

Persons with less than 12 years of education have higher levels of smoking prevalence than persons with 12 or more years of education.¹¹ Persons with more than 12 years of education have much lower smoking rates. State-specific data on persons with less than 12 years of education reveal that current smoking rates range from 15.9% in Minnesota to 49.5% in Alaska. Current smoking rates among persons with 12 years of education range from 19.4% in Utah to 32.4% in Kentucky. Among persons with more than 12 years of education, current smoking rates range from 7.7% in Utah to 24% in Kentucky.

Data reveal high smoking rates among college-age youth (aged 18–24). Among 18- to 24-year-olds, state-specific data on current smoking rates range from 39.7% in Wisconsin to 16.9% in Utah. Current cigarette smoking rates among 25- to 44-year-olds range from 13.9% in Utah to 36.6% in Kentucky. Among 45- to 64-year-olds, current smoking rates range from 13.4% in Utah to 32.4% in Nevada. The population with the lowest smoking rates comprises individuals aged 65 years and older. Current smoking rates among this population range from 4.2% in Utah to 15.7% in Nevada.

When comprehensive programs that are appropriate and effective for each population group are implemented and sustained, our goal of eliminating disparities related to tobacco use will be achieved. A number of states have undertaken new initiatives to address such disparities, and CDC is supporting 13 states in developing strategic plans for their disparities initiatives. In addition, CDC has dedicated approximately \$4 million to establish a network of national organizations that work with eight identified priority populations that can plan, initiate, coordinate, and evaluate tobacco use prevention and control activities to reduce tobacco use in their respective priority population. Finally, CDC is funding AI/AN tribes and tribal organizations to develop or improve tobacco-related resource networks and outreach to AI/AN tribes. In 2001, the American Legacy Foundation announced that it had distributed \$8,500,000 in grants to 32 organizations in 18 states to help reduce tobacco use among priority populations. This is the first of two rounds of funding that will provide a total of \$21 million to a broad range of groups that employ effective and innovative approaches to achieve this goal. These activities are important steps toward establishing a science base in this area that will be essential to our ultimate success in reaching priority populations.

Measuring Progress

In order to continue to document our successes and to learn from our failures, it is imperative to implement and maintain surveillance and evaluation systems. In addition to providing critical programmatic information to guide future activities, such systems provide program accountability for state decision makers and others responsible for fiscal oversight. CDC's *Best Practices* recommends that 10% of total annual program funds be allocated for surveillance and evaluation.⁵

States have varying capacity to evaluate their progress in meeting short- and long-term objectives to reduce the health and economic burden of tobacco. Currently, all 50 states and the District of Columbia track progress toward the goal of reducing smoking among adults through CDC's BRFSS. The BRFSS also tracks smoking prevalence among different population groups based on

demographics, including race/ethnicity, gender, education, income, disability, and age. This surveillance system will assist states in identifying disparities among these groups. The BRFSS now has sufficiently large samples to permit analysis of risk factor data for many metropolitan statistical areas. In some states, the BRFSS can provide baseline data for monitoring local programs as well as a benchmark for comparing data from local surveys.³²

Data presented in this report include the percentage of people protected from ETS in their worksites and homes that comes from the Current Population Survey Tobacco Use Supplement. This national survey also provides state-specific data. States may also track their progress toward eliminating exposure to environmental smoke through the BRFSS tobacco module and through a new survey entitled the Adult Tobacco Survey. The Adult Tobacco Survey is intended to produce data on prevalence, cessation, ETS, and risk perception and social influences.¹²

The two systems that provided data on reducing and preventing tobacco use among young people for this report were the Youth Risk Behavioral Surveillance System (YRBSS) and the YTS. The YRBSS monitors six categories of priority health-risk behaviors among youth and young adults, including tobacco use. The YRBSS includes a national school-based survey conducted by CDC as well as state, territorial, and local school-based surveys conducted by education and health agencies. Thirty-seven states and the District of Columbia collected weighted data between 1991 and spring 1999 on tobacco use.²⁵ The YTS is intended to collect data on prevalence, knowledge and attitudes, indicators of the impact of media and advertising, information on the enforcement of minors' access regulations and laws, knowledge of tobacco in school curriculum, cessation attempts and successes, and exposure to ETS. Thirty-eight states and the District of Columbia collected weighted data from the YTS between 1998 and spring 2001.²¹

Two other important surveillance systems exist to monitor state progress in meeting *Healthy People 2010* tobacco objectives. The Pregnancy Risk Assessment Monitoring System collects population-based surveillance data on selected maternal behaviors, including tobacco use. Seventeen states collected weighted data from this survey in 1999.

The School Health Education Profiles Survey (SHEPS) collects data on health education policies and programs through a survey for lead health educators and a separate survey for school principals at the state level. Twenty-six states collected weighted data from the SHEPS during 1999–2001, and 12 states collected weighted data from the tobacco module.

For more information on data sources, CDC has published *Surveillance and Evaluation Data Resources for Comprehensive Tobacco Control Programs*.³³ The accompanying guide, *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs*,¹² will assist state tobacco control program managers and staff in the planning, design, implementation, and use of practical evaluations of comprehensive tobacco control efforts.

Investment in Tobacco Control

States have many new and emerging opportunities to identify and invest additional resources in tobacco control, including the availability of funds from the settlement of the states' lawsuits against the tobacco industry, state excise tax revenues, and general funds as well as national

funding sources. Evidence indicates that the rate of progress toward meeting these objectives for reducing tobacco use will be related to the level of investment in evidence-based strategies implemented within comprehensive tobacco control programs.¹³

State investment in tobacco control

In 2001, the 50 states received more than \$8 billion in tobacco settlement revenue.³⁴ These funds were available for appropriation in fiscal year 2002, and in 42 states, \$637.2 million in settlement revenue were appropriated for tobacco control programs. All four states that settled independently with the tobacco industry invested in tobacco control, ranging from \$29.8 million in Florida to \$12.5 million in Texas. The highest per capita allocation among these states was in Mississippi, with \$7.59 per capita invested in tobacco control programs. Mississippi and Minnesota receive settlement funds independently from the state through a partnership and a foundation, respectively. Among the remaining 38 states, state investments ranged from \$119.6 million in Ohio to \$500,000 in Kansas and Louisiana. Ohio's funding is directed into a trust fund and does not reflect an actual expenditure.

In fiscal year 2000, more than \$8 billion was collected in gross cigarette tax revenue within the 50 states and the District of Columbia.³⁵ In fiscal year 2002, excise tax revenues have served as an important source of revenue for tobacco control efforts in California, Oregon, and Utah.*

Finally, 12 states have appropriated approximately \$13.6 million from their general revenue to support tobacco use prevention and control programs in fiscal year 2002.

To summarize the analysis of state investment in tobacco control for fiscal year 2002, every state with the exception of Tennessee and the District of Columbia has invested state funds totaling \$774.7 million† to support tobacco use prevention and control programs from settlement funds, state excise tax revenues, or general revenues.

National funding for state-based tobacco control activities

National funders of state tobacco control programs include federal agencies and private foundations. Two federal agencies, CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA), provide funds that can support state tobacco control efforts. CDC's Office on Smoking and Health manages the National Tobacco Control Program, which funds state health departments to build and maintain comprehensive tobacco control programs. Between June 1, 2001, and May 30, 2002, CDC has provided \$59.3 million to the 50 states and the District of Columbia. SAMHSA's substance abuse block grant supports state efforts for a variety of substance abuse treatment, prevention, and control efforts. By law, states must report to SAMHSA how much of their substance abuse block grant money will be spent to support administrative functions to carry out the Synar Amendment, which requires states to monitor minors' access to tobacco. A total of 27 states reported to SAMHSA that between October 1, 2001, and September 30, 2002, they will spend \$7.5 million of their block grant monies to monitor youth access to tobacco products.

*In fiscal year 2001, Arizona and Massachusetts also appropriated excise tax revenues for tobacco control. This is expected to continue in fiscal year 2002, although exact funding amounts were unavailable at the time this publication went to press.

†Arizona's and Massachusetts' investments in tobacco control are not included, because their state budgets were not finalized at the time this publication went to press.

Private funders also play an important role in supporting state tobacco control programs. The Robert Wood Johnson/American Medical Association SmokeLess States Initiative began a new round of funding in 2001 that supports activities of statewide coalitions working to improve the tobacco policy environment within three policy areas: (1) increasing state tobacco excise taxes in order to reduce the demand for tobacco products, (2) reducing exposure of the population to secondhand smoke, and (3) fostering changes in Medicaid and private insurance to cover tobacco dependence treatment. Within their most recent funding cycle, the SmokeLess States Initiative invested \$12.7 million to support statewide tobacco control programs in 40 states. The American Legacy Foundation, an independent foundation created by the Master Settlement Agreement, has awarded 36 grants totaling \$10.4 million between October 1, 2000, and September 30, 2001, to fund statewide and local programs that create youth empowerment programs, support priority population groups, and enhance applied research for tobacco control. The American Legacy Foundation funds additional grants that are national or multistate in focus. These grants also support activities in the three areas indicated above.[‡]

In Tennessee and the District of Columbia, funds from national sources are the only investment in tobacco control. In 12 states, funding from national sources accounted for 50% or more of the funds being invested in that state. During fiscal year 2001, in 20 states, funding from national sources accounted for 50% or more of the funds being invested in that state.

Total investment in state tobacco control

In fiscal year 2002, combining resources available from state, federal, and private sources, at least six states (Hawaii, Maine, Maryland, Minnesota, Mississippi, and Ohio) are meeting or exceeding the *Best Practices* lower estimated funding recommendation. Vermont is at 98% of the *Best Practices* lower estimated funding recommendation. Two states (Arizona and Massachusetts) were not analyzed, because their state budgets had not been finalized at the time this publication went to press. Last fiscal year, both states met the *Best Practices* lower bound funding recommendations. Expenditures may differ from appropriated or awarded amounts, because of delays in implementation, program cuts, or the establishments of trusts and endowments, as is the case with Hawaii and Ohio.

The total investments in states from state, federal, and national sources average about 56% of the lower bound funding estimate recommended in *Best Practices*. In 18 states, combined funding from state and national sources provide less than 33% of the lower bound funding estimate.

For the nation as a whole, the combined resources available for tobacco control in fiscal year 2002 totals \$861.9 million.[§]

Limitations

The funding data report is subject to several limitations. Current events have had a negative impact on the budgets of many states. As the year 2001 drew to a close, several states were in special session reviewing their budgets for possible cuts in order to account for rising Medicaid costs,

[‡]For more information on American Legacy Foundation programs, visit www.americanlegacy.org.

[§]Arizona's and Massachusetts' investments in tobacco control are not included, because their state budgets were not finalized at the time this publication went to press.

declines in the stock market, and to cover additional costs for homeland security measures. It is also important to note that this report only includes funds appropriated specifically for tobacco prevention and control. Therefore, the reported amounts exclude appropriations for multiple purposes that included an unspecified amount of funding for tobacco control. However, if such information was available through legislative analysis or a state budget office, this information was included in a footnote. See State Data Sources and Definitions, beginning on page 149 of this report, for further information regarding the rules for inclusion of funds.

State investments are based on appropriations, rather than expenditure, and the funding from national funding sources is based on award amounts. Expenditures may differ from appropriated or awarded amounts, because of delays in implementation, program cuts, or the establishment of trusts or endowments.

Some data on excise taxes and appropriations from state general revenues were collected directly from state budget officers or health department contacts and were not independently verified by legislative analysis. In Mississippi and Minnesota, funding from a state nongovernmental source was collected from the agency. In California and New York, settlement resources are shared with local governments. The local governments' share is not reported. In addition, other private and federal entities do provide funds for state-based tobacco control efforts, including the Public Health and Preventive Services Block Grant, the SAMHSA block grants (for activities other than Synar), the American Cancer Society, the American Lung Association, and the Campaign for Tobacco Free Kids. Funding from these sources was not included in this analysis. Finally, this report does not attempt to evaluate whether the tobacco control funding is being used to support evidence-based components contained in CDC's *Best Practices for Comprehensive Tobacco Control Programs*.

Conclusion

This report documents the continuing importance of our tobacco control efforts and highlights the progress being made in states across the nation. The investment of nearly \$1 billion in tobacco control efforts in fiscal year 2002 is a significant achievement, and because of the importance of sustaining our efforts over time, it is gratifying to note that the data compare very favorably with the investments reported last year. By investing in proven strategies, rigorously monitoring our progress, and continuing to support effective programs, we have the ability to both achieve our tobacco control goals and see an impressive return on our investment.

We can significantly reduce or eliminate the social and economic burden of tobacco use and return to more productive uses. The \$75.5 billion that is currently being used to pay for smoking-attributable direct medical expenditures and the \$81.9 billion of productivity losses related to smoking can be ill-afforded as we work to stimulate our nation's economy.

Working together, local, state, and federal partners can achieve a great deal by supporting scientifically-based, fiscally responsible, and accountable tobacco control programs. A future free from the harm caused by tobacco is no longer a dream. Together, we can make it a reality.

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**Healthy People 2010
Objectives—
Tobacco Priority Area**

Healthy People 2010 Objectives—Tobacco Priority Area

- 27-1 Reduce tobacco use by adults.**
 27-1a Reduce cigarette smoking by adults aged 18 years and older to 12%.
 27-1b Reduce spit tobacco use by adults aged 18 years and older to 0.4%.
 27-1c Reduce cigar use by adults aged 18 years and older to 1.2%.
 27-1d Reduce use of other tobacco products by adults aged 18 years and older (Developmental).
- 27-2 Reduce tobacco use by adolescents.**
 27-2a Reduce use of tobacco products in past month by students in grades 9 through 12 to 21%.
 27-2b Reduce use of cigarettes in past month by students in grades 9 through 12 to 16%.
 27-2c Reduce use of spit tobacco in past month by students in grades 9 through 12 to 1%.
 27-2d Reduce use of cigars in past month by students in grades 9 through 12 to 8%.
- 27-3 Reduce the initiation of tobacco use among children and adolescents (Developmental).**
- 27-4 Increase the average age of first use of tobacco products by adolescents and young adults.**
 27-4a Increase the average age of first use of tobacco products by adolescents aged 12 to 17 years to 14 years of age.
 27-4b Increase the average age of first use of tobacco products by young adults aged 18 to 25 years to 17 years of age.
- 27-5 Increase smoking cessation attempts by adult smokers to 75%.**
- 27-6 Increase smoking cessation during pregnancy to 30%.**
- 27-7 Increase tobacco use cessation attempts by adolescent smokers to 84%.**
- 27-8 Increase insurance coverage of evidence-based treatment for nicotine dependency.**
 27-8a Increase insurance coverage of evidence-based treatment for nicotine dependency by managed care organizations to 100%.
 27-8b Increase insurance coverage of evidence-based treatment for nicotine dependency by Medicaid programs in States and the District of Columbia to 51%.
 27-8c Increase insurance coverage of evidence-based treatment for nicotine dependency by all insurance providers (Developmental).
- 27-9 Reduce the proportion of children who are regularly exposed to tobacco smoke at home to 10%.**
- 27-10 Reduce the proportion of nonsmokers exposed to environmental tobacco smoke to 45%.**
- 27-11 Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events to 100%.**
- 27-12 Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas to 100%.**

Healthy People 2010 Objectives—Tobacco Priority Area (Continued)

- 27-13 Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public places and worksites.**
- 27-13a Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in private workplaces in all 51 jurisdictions.
 - 27-13b Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public workplaces in all 51 jurisdictions.
 - 27-13c Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in restaurants in all 51 jurisdictions.
 - 27-13d Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public transportation in all 51 jurisdictions.
 - 27-13e Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in day care centers in all 51 jurisdictions.
 - 27-13f Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in retail stores in all 51 jurisdictions.
 - 27-13g Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas on Tribal properties (Developmental).
 - 27-13h Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in U.S. Territories (Developmental).
- 27-14 Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors.**
- 27-14a Increase the number of jurisdictions with a 5% or less illegal sales rate to minors in all 51 States and the District of Columbia.
 - 27-14b Increase the number of jurisdictions with a 5% or less illegal sales rate to minors in all U.S. territories.
- 27-15 Increase the number of States and District of Columbia that suspend or revoke State retail licenses for violations of laws prohibiting the sale of tobacco to minors to 51.**
- 27-16 Eliminate tobacco advertising and promotions that influence adolescents and young adults (Developmental).**
- 27-17 Increase adolescents' disapproval of smoking.**
- 27-17a Increase 8th grade adolescents' disapproval of smoking to 95%.
 - 27-17b Increase 10th grade adolescents' disapproval of smoking to 95%.
 - 27-17c Increase 12th grade adolescents' disapproval of smoking to 95%.
- 27-18 Increase the number of Tribes, Territories, and States and the District of Columbia with comprehensive, evidence-based tobacco control programs (Developmental).**
- 27-19 Eliminate laws that preempt stronger tobacco control laws in all states.**
- 27-20 Reduce the toxicity of tobacco products by establishing a regulatory structure to monitor toxicity (Developmental).**
- 27-21 Increase the average Federal and State tax on tobacco products.**
- 27-21a Increase the average Federal and State tax on cigarettes to \$2.00.
 - 27-21b Increase the average Federal and State tax on spit tobacco to (Developmental).

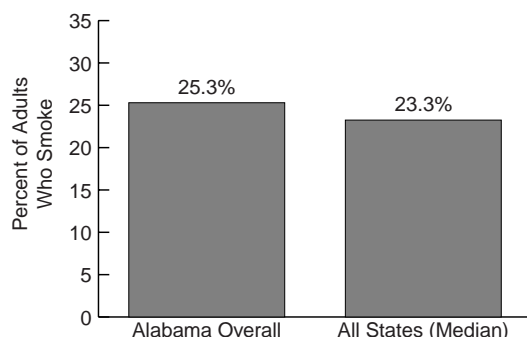
State Highlights 2002

Health Impacts

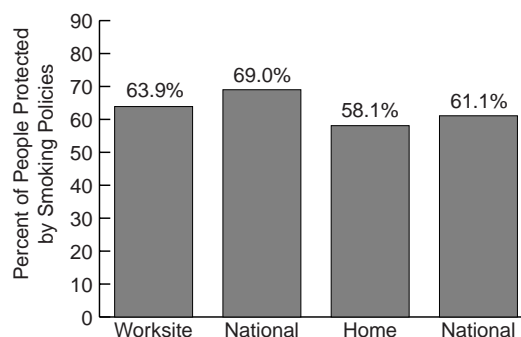
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	7,412	State Lung Cancer	101.3/100,000	Overall	111,273
Men	4,933	All States	90.2/100,000	Projected Death	
Women	2,479	State CHD*	60.6/100,000	Rate	9,905/100,000
Death Rate	326.6/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	73.6/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>		<i>GRADES 9–12</i>	
Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	28.0%	34.5%
AL†	19.1%	30.2%	37.6%
Boys†	22.1%	32.5%	44.3%
Girls†	15.7%	27.8%	30.7%

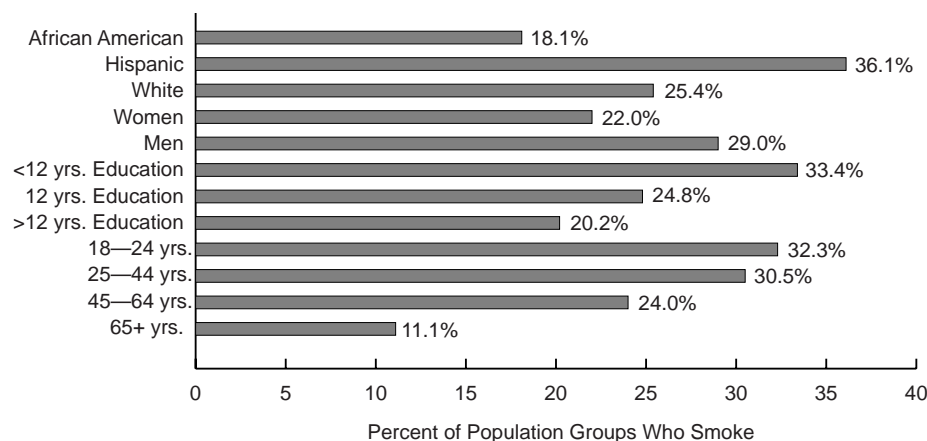
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Alabama Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Alabama is investing 8% of CDC's *Best Practices* lower estimated recommended funding and 3% of the upper estimated recommended funding. Alabama spent \$269 per capita on smoking-attributable direct medical expenditures. In 1998, about 9% (\$186,000,000 or \$352.36 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$433,000,000
Hospital	\$300,000,000
Nursing Home	\$241,000,000
Prescription Drugs	\$110,000,000
Other	\$86,000,000
Annual Total	\$1,170,000,000
Annual Per Capita	\$269

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$1,777,000,000
Annual Per Capita	\$407

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$96,961,493
Gross cigarette tax revenue collected in 2000	\$70,665,000
Cigarette tax per pack was \$0.165 in 2001	
Cigarette sales were 96.2 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$600,000	10/01–9/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$600,000	
Federal—CDC Office on Smoking and Health	\$1,340,047	6/01–5/02
Federal—SAMHSA	\$78,720	10/01–9/02
Non-Government Source—American Legacy Foundation	\$208,156	10/00–9/01
Non-Government Source—RWJF/AMA	\$0	
Subtotal: Federal/National Sources	\$1,626,923	
FY02 Total Investment in Tobacco Control		\$2,226,923
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$26,740,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$71,235,000
FY02 Per Capita Investment in Tobacco Control		\$0.50

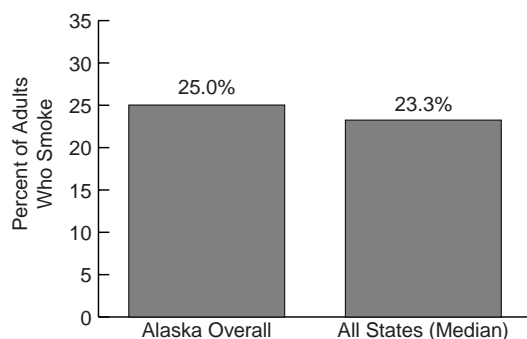
*An additional \$2,000,000 was appropriated in FY02 to the Department of Education for drug, alcohol, or tobacco education and prevention programs.

Health Impacts

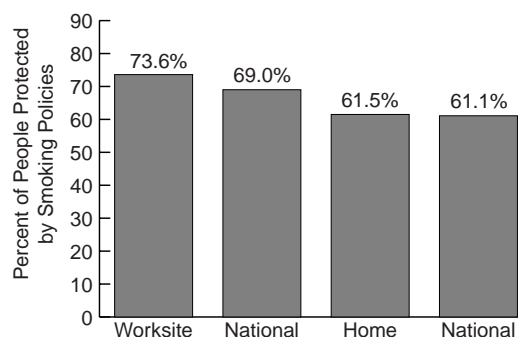
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	448	State Lung Cancer	88.5/100,000	Overall	19,516
Men	264	All States	90.2/100,000	Projected Death	
Women	184	State CHD*	47.1/100,000	Rate	10,233/100,000
Death Rate	289.6/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	86.4/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
AK†	n/a	n/a	36.5%	n/a
Boys†	n/a	n/a	31.1%	n/a
Girls†	n/a	n/a	35.8%	n/a

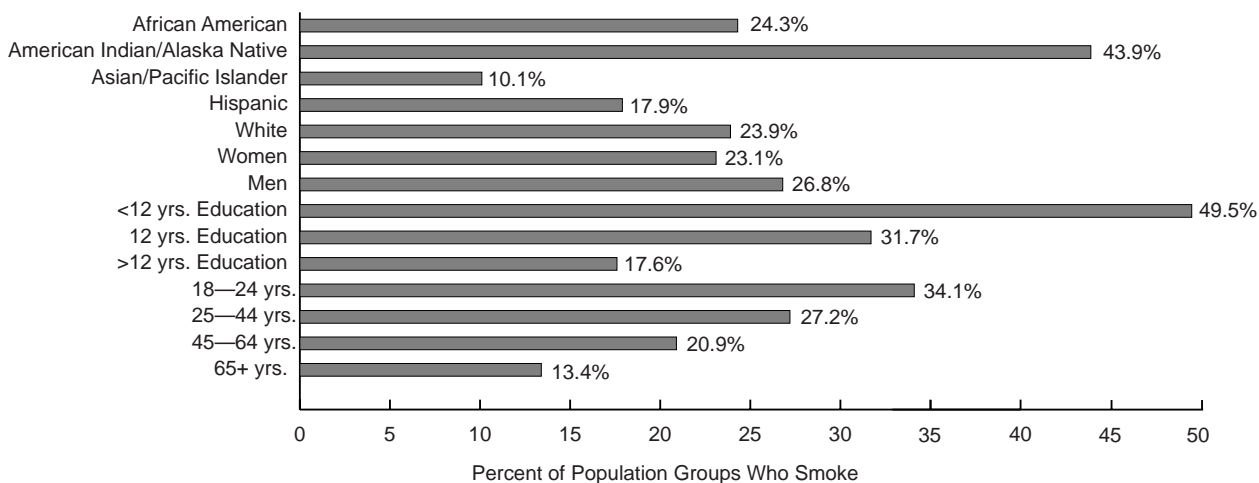
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Alaska Youth Risk Behavior Survey, 1995.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Alaska is investing 61% of CDC's *Best Practices* lower estimated recommended funding and 30% of the upper estimated recommended funding. Alaska spent \$215 per capita on smoking-attributable direct medical expenditures. In 1998, about 17% (\$60,000,000 or \$804.31 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$54,000,000
Hospital	\$40,000,000
Nursing Home	\$9,000,000
Prescription Drugs	\$9,000,000
Other	\$20,000,000
Annual Total	\$132,000,000
Annual Per Capita	\$215

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$129,000,000
Annual Per Capita	\$208

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$21,176,139
Gross cigarette tax revenue collected in 2000	\$43,092,000
Cigarette tax per pack was \$1.00 in 2001	
Cigarette sales were 66.0 packs per capita in 2000	

Investment in Tobacco Control

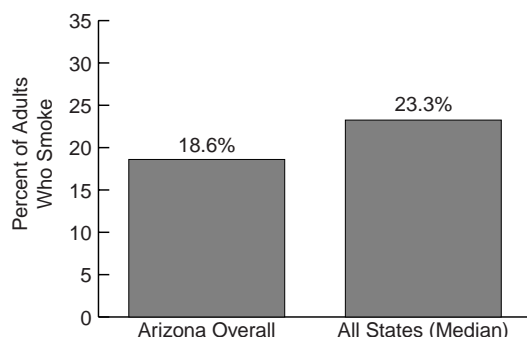
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$3,000,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$270,000	7/01–6/02
Subtotal: State Appropriation	\$3,270,000	
Federal—CDC Office on Smoking and Health	\$1,145,052	6/01–5/02
Federal—SAMHSA	\$50,000	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$434,752	3/01–2/02
Subtotal: Federal/National Sources	\$1,629,804	
FY02 Total Investment in Tobacco Control	\$4,899,804	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$8,088,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$16,512,000	
FY02 Per Capita Investment in Tobacco Control	\$7.72	

Health Impacts

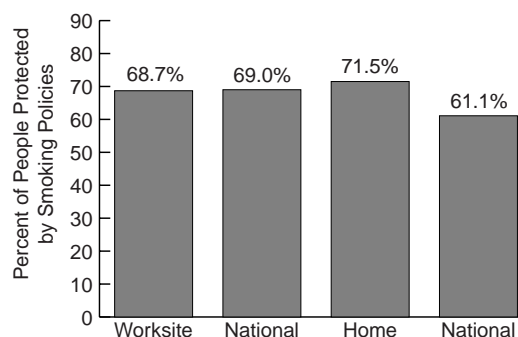
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	6,890	State Lung Cancer	81.2/100,000	Overall	77,724
Men	4,382	All States	90.2/100,000	Projected Death	
Women	2,508	State CHD*	58.5/100,000	Rate	5,686/100,000
Death Rate	283.5/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	76.7/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
AZ†	11.4%	17.1%	n/a	n/a
Boys†	11.5%	18.0%	n/a	n/a
Girls†	11.3%	16.1%	n/a	n/a

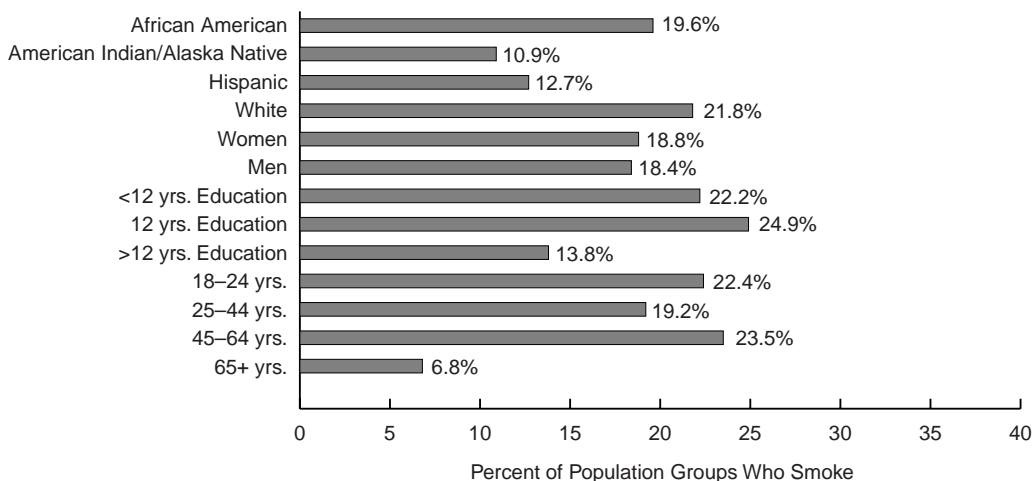
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Arizona Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

As of November 30, 2001, the state legislature had not completed its FY2002 budget bill; therefore, investment in tobacco control figures were not available for this report. Arizona spent \$215 per capita on smoking-attributable direct medical expenditures. In 1998, about 14% (\$247,000,000 or \$485.57 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$435,000,000
Hospital	\$233,000,000
Nursing Home	\$175,000,000
Prescription Drugs	\$94,000,000
Other	\$68,000,000
Annual Total	\$1,005,000,000
Annual Per Capita	\$215

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$1,309,000,000
Annual Per Capita	\$274

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$87,669,615
Gross cigarette tax revenue collected in 2000	\$162,795,000
Cigarette tax per pack was \$0.58 in 2001	
Cigarette sales were 58.5 packs per capita in 2000	

Investment in Tobacco Control

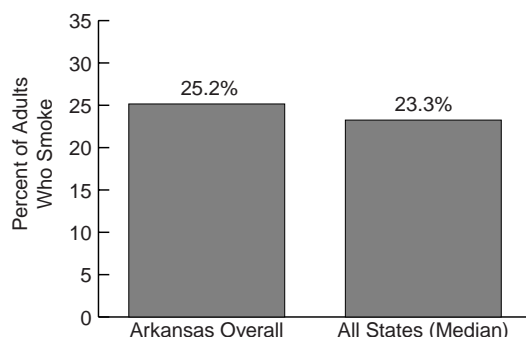
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	not available	
State Appropriation—Excise Tax Revenue	not available	
State Appropriation—Other	not available	
Subtotal: State Appropriation	not available	
Federal—CDC Office on Smoking and Health	\$256,630	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$91,500	10/00–9/01
Non-Government Source—RWJF/AMA	\$300,000	6/01–5/02
Subtotal: Federal/National Sources	\$648,130	
FY02 Total Investment in Tobacco Control		not available
CDC Best Practices Recommended Annual Total (Lower Estimate)		\$27,788,000
CDC Best Practices Recommended Annual Total (Upper Estimate)		\$71,102,000
FY02 Per Capita Investment in Tobacco Control		not available

Health Impacts

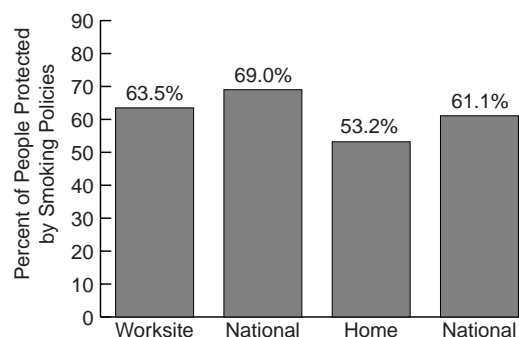
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	4,901	State Lung Cancer	113.2/100,000	Overall	66,957
Men	3,113	All States	90.2/100,000	Projected Death	
Women	1,788	State CHD*	70.2/100,000	Rate	9,841/100,000
Death Rate	343.3/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	71.8/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
AR†	15.8%	22.4%	35.8%	43.8%
Boys†	15.7%	25.4%	37.5%	49.9%
Girls†	15.7%	19.1%	33.7%	37.0%

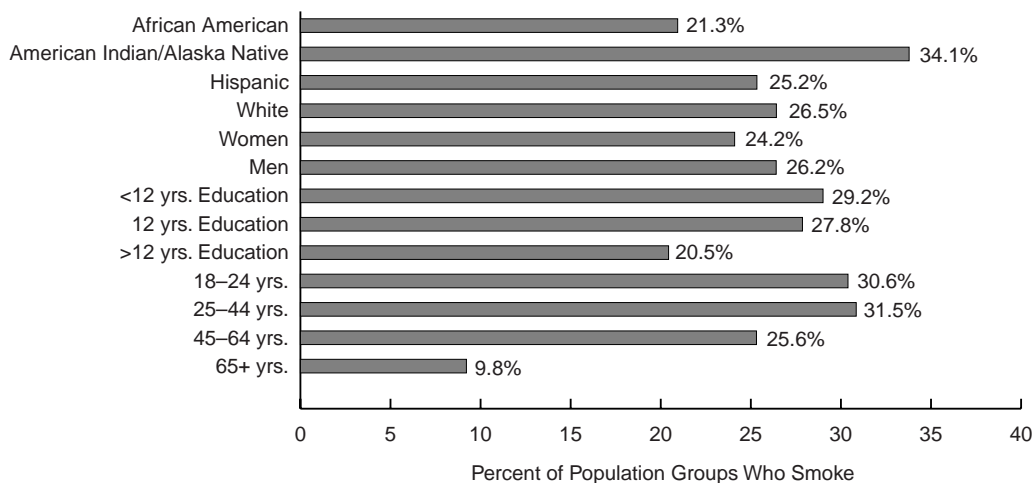
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Arkansas Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Arkansas is investing 79% of CDC's *Best Practices* lower estimated recommended funding and 30% of the upper estimated recommended funding. Arkansas spent \$250 per capita on smoking-attributable direct medical expenditures. In 1998, about 14% (\$189,000,000 or \$445.13 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$208,000,000
Hospital	\$157,000,000
Nursing Home	\$168,000,000
Prescription Drugs	\$59,000,000
Other	\$42,000,000
Annual Total	\$634,000,000
Annual Per Capita	\$250

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$1,122,000,000
Annual Per Capita	\$440

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$51,364,510
Gross cigarette tax revenue collected in 2000	\$82,409,000
Cigarette tax per pack was \$0.315 in 2001	
Cigarette sales were 99.4 packs per capita in 2000	

Investment in Tobacco Control

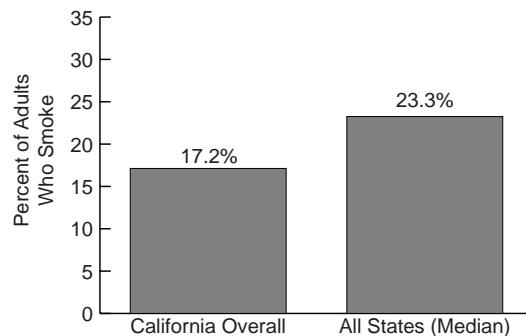
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$11,931,942	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$376,256	7/01–6/02
Subtotal: State Appropriation	\$12,308,198	
Federal—CDC Office on Smoking and Health	\$1,275,017	6/01–5/02
Federal—SAMHSA	\$153,346	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$381,867	6/01–5/02
Subtotal: Federal/National Sources	\$1,810,230	
FY02 Total Investment in Tobacco Control		\$14,118,428
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$17,906,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$46,445,000
FY02 Per Capita Investment in Tobacco Control		\$5.30

Health Impacts

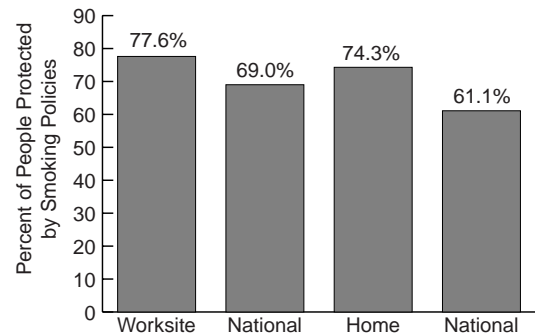
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	38,233	State Lung Cancer	74.1/100,000	Overall	637,270
Men	22,642	All States	90.2/100,000	Projected Death	
Women	15,591	State CHD*	60.8/100,000	Rate	6,890/100,000
Death Rate	261.8/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	68.8/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
CA†	6.7%	10.0%	21.6%	27.8%
Boys†	7.0%	10.6%	22.7%	31.0%
Girls†	6.4%	9.4%	20.4%	24.3%

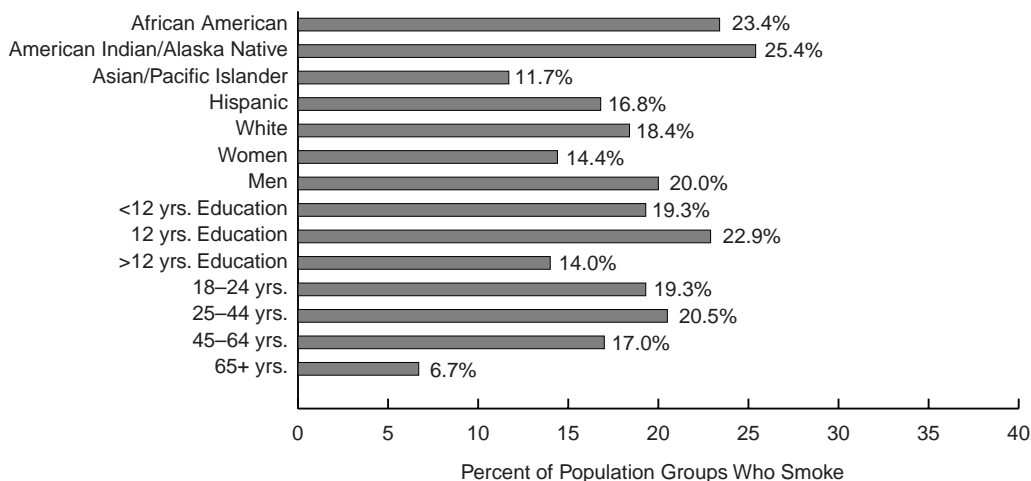
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †California Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

California is investing 83% of CDC's *Best Practices* lower estimated recommended funding and 31% of the upper estimated recommended funding. California spent \$218 per capita on smoking-attributable direct medical expenditures. In 1998, about 16% (\$2,310,000,000 or \$326.14 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$3,703,000,000
Hospital	\$1,363,000,000
Nursing Home	\$1,140,000,000
Prescription Drugs	\$507,000,000
Other	\$424,000,000
Annual Total	\$7,137,000,000
Annual Per Capita	\$218

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$7,515,000,000
Annual Per Capita	\$227

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$759,225,833
Gross cigarette tax revenue collected in 2000	\$1,176,859,000
Cigarette tax per pack was \$0.87 in 2001	
Cigarette sales were 41.6 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$20,000,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$114,536,000	7/01–6/02
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$134,536,000	
Federal—CDC Office on Smoking and Health	\$335,610	6/01–5/02
Federal—SAMHSA	\$2,000,000	10/01–9/02
Non-Government Source—American Legacy Foundation	\$645,679	10/00–9/01
Non-Government Source—RWJF/AMA	\$299,176	6/01–5/02
Subtotal: Federal/National Sources	\$3,280,465	
FY02 Total Investment in Tobacco Control		\$137,816,465
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$165,098,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$442,403,000
FY02 Per Capita Investment in Tobacco Control		\$4.02

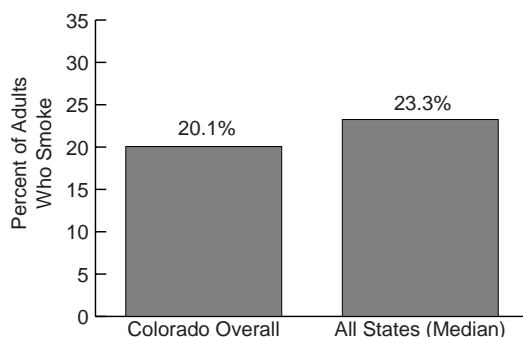
*This amount represents one state's portion of the tobacco settlement revenue.

Health Impacts

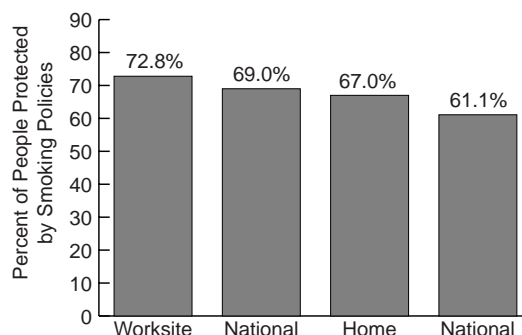
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	4,276	State Lung Cancer	62.0/100,000	Overall	92,246
Men	2,537	All States	90.2/100,000	Projected Death	
Women	1,739	State CHD*	41.5/100,000	Rate	8,380/100,000
Death Rate	248.1/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	85.2/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
CO†	8.8%	13.6%	25.3%	34.4%
Boys†	9.3%	15.9%	23.9%	37.1%
Girls†	8.4%	11.1%	26.9%	31.6%

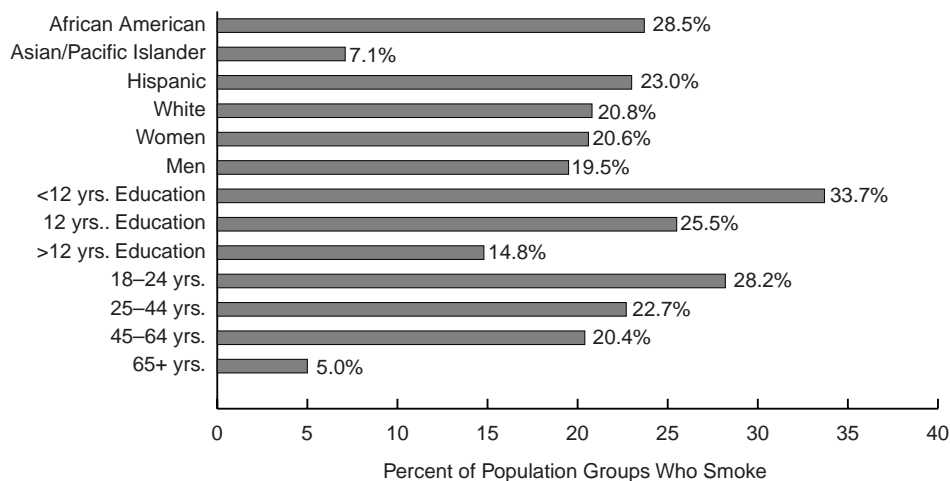
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Colorado Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Colorado is investing 61% of CDC's *Best Practices* lower estimated recommended funding and 24% of the upper estimated recommended funding. Colorado spent \$259 per capita on smoking-attributable direct medical expenditures. In 1998, about 17% (\$249,000,000 or \$722.84 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$419,000,000
Hospital	\$239,000,000
Nursing Home	\$213,000,000
Prescription Drugs	\$73,000,000
Other	\$82,000,000
Annual Total	\$1,026,000,000
Annual Per Capita	\$259

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$856,000,000
Annual Per Capita	\$211

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$85,026,250
Gross cigarette tax revenue collected in 2000	\$60,818,000
Cigarette tax per pack was \$0.20 in 2001	
Cigarette sales were 73.0 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$12,891,329	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$12,891,329	
Federal—CDC Office on Smoking and Health	\$1,350,347	6/01–5/02
Federal—SAMHSA	\$99,940	10/01–9/02
Non-Government Source—American Legacy Foundation†	\$200,000	10/00–9/01
Non-Government Source—RWJF/AMA	\$383,176	3/01–2/02
Subtotal: Federal/National Sources	\$2,033,463	
FY02 Total Investment in Tobacco Control		\$14,924,792
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$24,546,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$63,255,000
FY02 Per Capita Investment in Tobacco Control		\$3.39

*An additional \$6,875,375 was appropriated to the Office of the President at the University of Colorado for a tobacco-related research grant program.

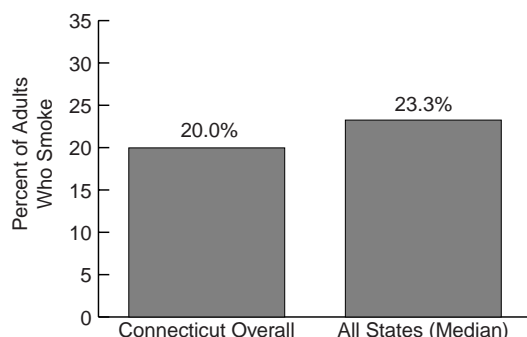
†On October 1, 2001, Colorado was awarded an additional grant from the American Legacy Foundation.

Health Impacts

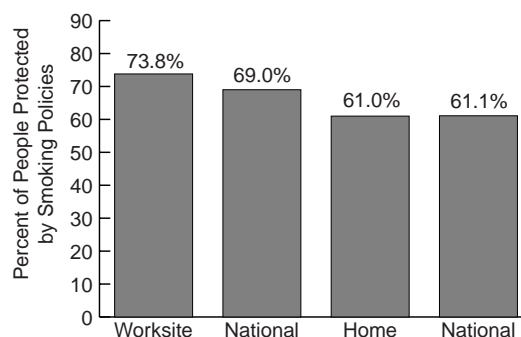
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	4,820	State Lung Cancer	78.6/100,000	Overall	83,859
Men	2,639	All States	90.2/100,000	Projected Death	
Women	2,181	State CHD*	54.7/100,000	Rate	9,963/100,000
Death Rate	255.9/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	55.6/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
CT†	9.8%	13.1%	25.6%	32.4%
Boys†	9.7%	14.1%	24.9%	35.3%
Girls†	9.8%	11.9%	26.0%	29.2%

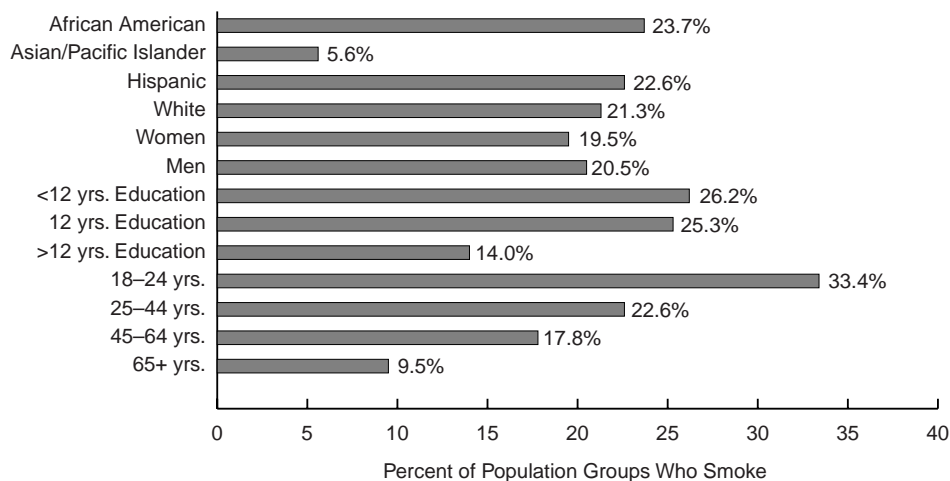
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Connecticut Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Connecticut is investing 12% of CDC's *Best Practices* lower estimated recommended funding and 5% of the upper estimated recommended funding. Connecticut spent \$389 per capita on smoking-attributable direct medical expenditures. In 1998, about 13% (\$336,000,000 or \$880.85 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$383,000,000
Hospital	\$211,000,000
Nursing Home	\$496,000,000
Prescription Drugs	\$95,000,000
Other	\$88,000,000
Annual Total	\$1,273,000,000
Annual Per Capita	\$389

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$870,000,000
Annual Per Capita	\$265

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$110,430,429
Gross cigarette tax revenue collected in 2000	\$117,215,000
Cigarette tax per pack was \$0.50 in 2001	
Cigarette sales were 71.4 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$1,046,550	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$200,000	7/01–6/02
Subtotal: State Appropriation	\$1,246,550	
Federal—CDC Office on Smoking and Health	\$1,010,252	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$316,727	3/01–6/02
Subtotal: Federal/National Sources	\$1,326,979	
FY02 Total Investment in Tobacco Control	\$2,573,529	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$21,240,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$53,895,000	
FY02 Per Capita Investment in Tobacco Control	\$0.75	

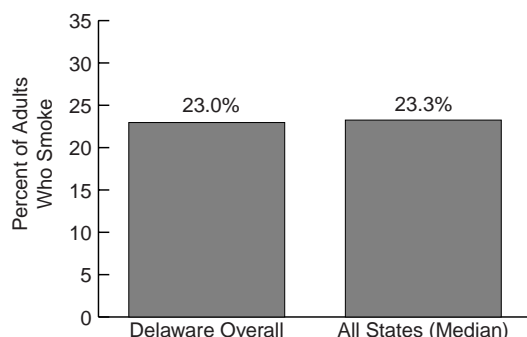
*An additional \$13,500,000 was appropriated to the Tobacco & Health Trust Fund for tobacco control and other health programs.

Health Impacts

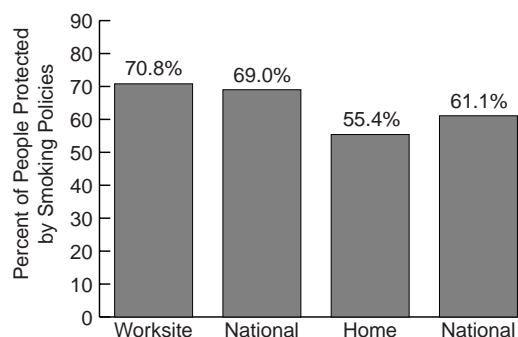
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	1,193	State Lung Cancer	113.1/100,000	Overall	19,584
Men	708	All States	90.2/100,000	Projected Death	
Women	485	State CHD*	67.5/100,000	Rate	10,064/100,000
Death Rate	313.9/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	66.6/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
DE†	15.2%	17.8%	27.1%	31.2%
Boys†	14.8%	18.9%	28.0%	34.6%
Girls†	15.6%	16.6%	26.1%	27.8%

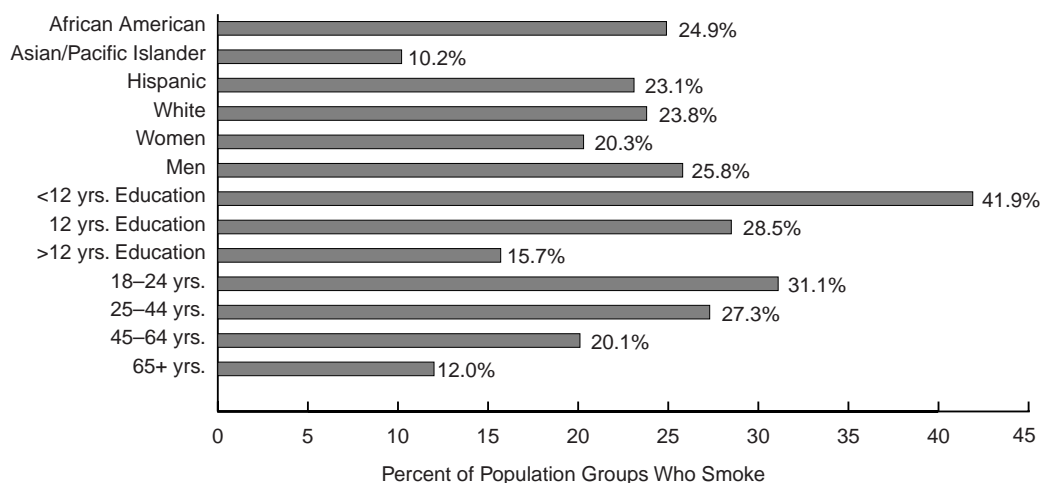
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Delaware Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Delaware is investing 72% of CDC's *Best Practices* lower estimated recommended funding and 34% of the upper estimated recommended funding. Delaware spent \$298 per capita on smoking-attributable direct medical expenditures. In 1998, about 16% (\$62,000,000 or \$609.71 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$73,000,000
Hospital	\$46,000,000
Nursing Home	\$62,000,000
Prescription Drugs	\$20,000,000
Other	\$21,000,000
Annual Total	\$222,000,000
Annual Per Capita	\$298

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$258,000,000
Annual Per Capita	\$342

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$23,523,288
Gross cigarette tax revenue collected in 2000	\$25,957,000
Cigarette tax per pack was \$0.24 in 2001	
Cigarette sales were 140.7 packs per capita in 2000	

Investment in Tobacco Control

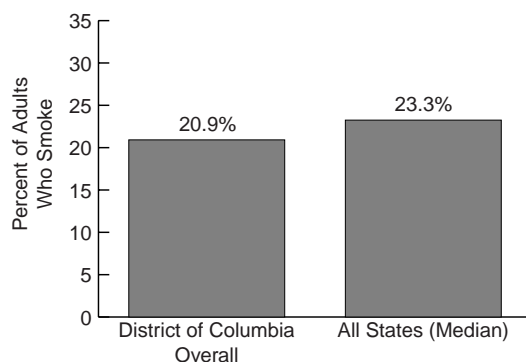
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$5,454,900	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$5,454,900	
Federal—CDC Office on Smoking and Health	\$782,761	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$0	
Subtotal: Federal/National Sources	\$782,761	
FY02 Total Investment in Tobacco Control		\$6,237,661
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$8,631,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$18,464,000
FY02 Per Capita Investment in Tobacco Control		\$7.85

Health Impacts

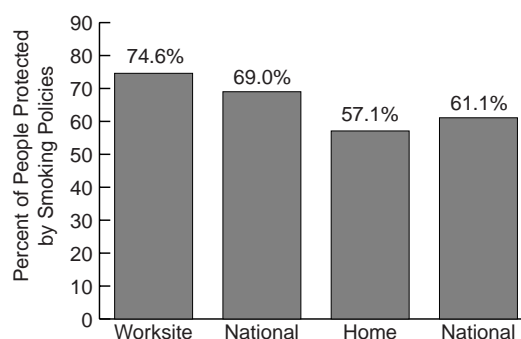
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	721	State Lung Cancer	80.0/100,000	Overall	7,786
Men	456	All States	90.2/100,000	Projected Death	
Women	265	State CHD*	50.4/100,000	Rate	6,771/100,000
Death Rate	250.4/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	38.7/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
DC†	9.4%	14.2%	14.7%	21.0%
Boys†	8.7%	15.2%	16.9%	24.9%
Girls†	10.1%	13.4%	12.3%	16.5%

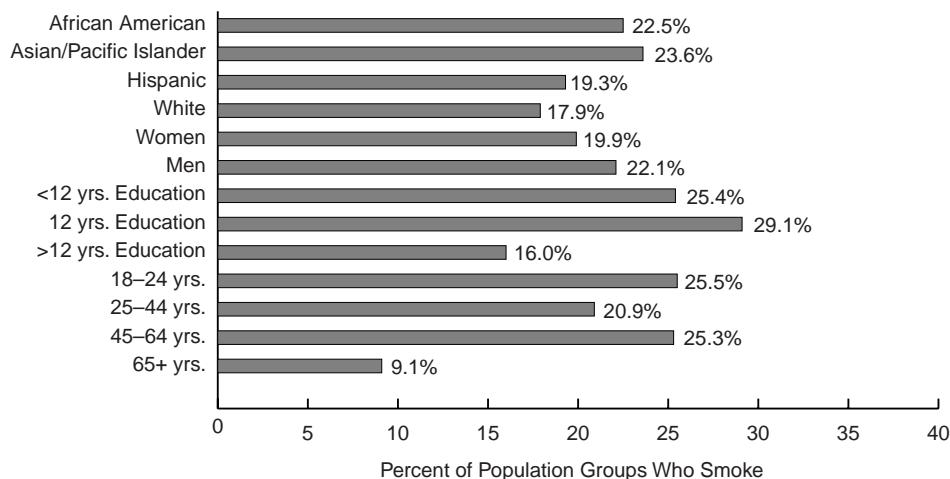
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †District of Columbia Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

The District of Columbia is investing 8% of CDC's *Best Practices* lower estimated recommended funding and 4% of the upper estimated recommended funding. The District of Columbia spent \$364 per capita on smoking-attributable direct medical expenditures. In 1998, about 9% (\$61,000,000 or \$367.58 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$58,000,000
Hospital	\$78,000,000
Nursing Home	\$37,000,000
Prescription Drugs	\$8,000,000
Other	\$9,000,000
Annual Total	\$190,000,000
Annual Per Capita	\$364

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$212,000,000
Annual Per Capita	\$408

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	not available
Gross cigarette tax revenue collected in 2000	\$17,050,000
Cigarette tax per pack was \$0.65 in 2001	
Cigarette sales were 50.2 packs per capita in 2000	

Investment in Tobacco Control

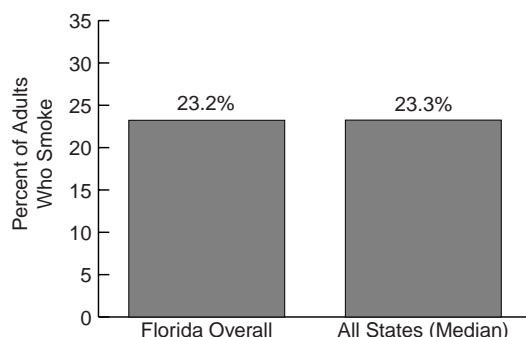
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$0	
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$0	
Federal—CDC Office on Smoking and Health	\$448,157	6/01–5/02
Federal—SAMHSA	\$36,292	10/01–9/02
Non-Government Source—American Legacy Foundation	\$100,000	10/00–9/02
Non-Government Source—RWJF/AMA	\$0	
Subtotal: Federal/National Sources	\$584,449	
FY02 Total Investment in Tobacco Control	\$584,449	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$7,479,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$14,571,000	
FY02 Per Capita Investment in Tobacco Control	\$1.03	

Health Impacts

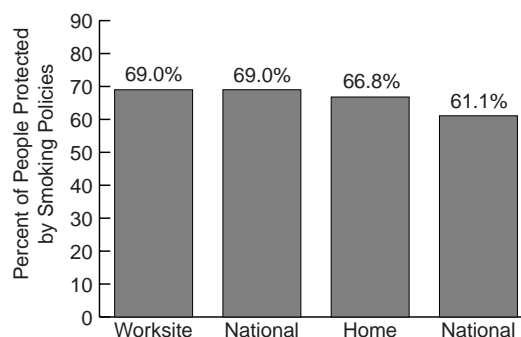
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	28,713	State Lung Cancer	91.9/100,000	Overall	306,724
Men	17,458	All States	90.2/100,000	Projected Death	
Women	11,255	State CHD*	64.2/100,000	Rate	8,412/100,000
Death Rate	283.1/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	65.6/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
FL†	9.8%	13.5%	19.0%	25.8%
Boys†	10.0%	15.6%	19.1%	29.6%
Girls†	9.5%	11.2%	19.0%	22.0%

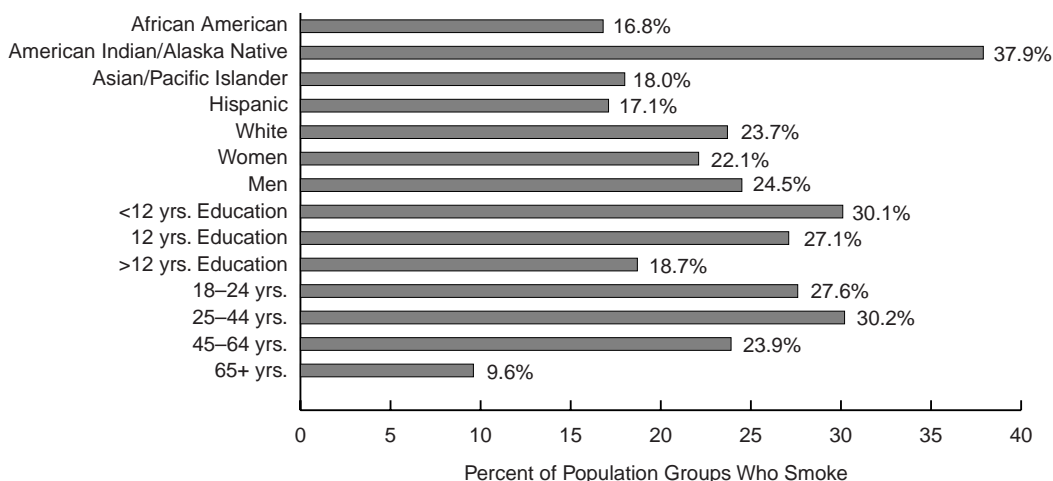
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Florida Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Florida is investing 39% of CDC's *Best Practices* lower estimated recommended funding and 14% of the upper estimated recommended funding. Florida spent \$331 per capita on smoking-attributable direct medical expenditures. In 1998, about 16% (\$976,000,000 or \$512.30 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$1,916,000,000
Hospital	\$948,000,000
Nursing Home	\$1,194,000,000
Prescription Drugs	\$478,000,000
Other	\$398,000,000
Annual Total	\$4,934,000,000
Annual Per Capita	\$331

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$5,441,000,000
Annual Per Capita	\$360

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$731,300,000
Gross cigarette tax revenue collected in 2000	\$426,269,000
Cigarette tax per pack was \$0.339 in 2001	
Cigarette sales were 82.5 packs per capita in 2000	

Investment in Tobacco Control

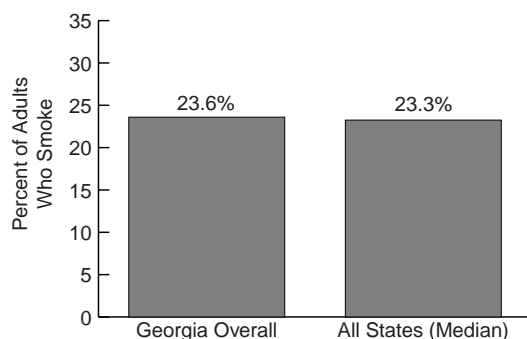
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$29,803,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$29,803,000	
Federal—CDC Office on Smoking and Health	\$750,000	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$50,004	10/00–9/01
Non-Government Source—RWJF/AMA	\$0	
Subtotal: Federal/National Sources	\$800,004	
FY02 Total Investment in Tobacco Control		\$30,603,004
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$78,383,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$221,260,000
FY02 Per Capita Investment in Tobacco Control		\$1.88

Health Impacts

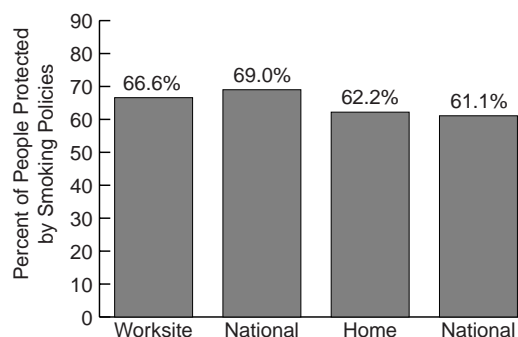
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	10,728	State Lung Cancer	99.3/100,000	Overall	187,782
Men	6,911	All States	90.2/100,000	Projected Death	
Women	3,817	State CHD*	62.5/100,000	Rate	8,657/100,000
Death Rate	333.9/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	76.2/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
GA	13.8%†	18.8%†	24.3%††	n/a
Boys	13.9%†	20.6%†	24.7%††	n/a
Girls	13.6%†	16.5%†	24.0%††	n/a

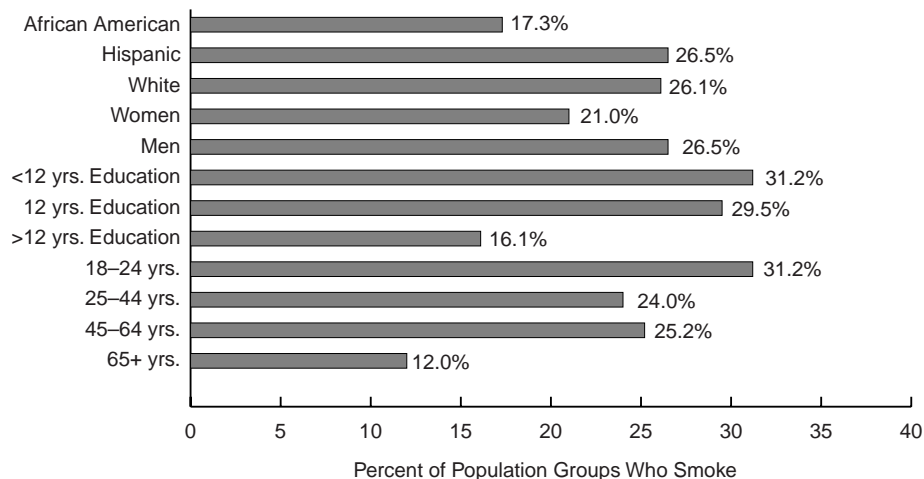
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Georgia Youth Tobacco Survey, 1999; ††Georgia Youth Risk Behavior Survey, 1993.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Georgia is investing 56% of CDC's *Best Practices* lower estimated recommended funding and 21% of the upper estimated recommended funding. Georgia spent \$230 per capita on smoking-attributable direct medical expenditures. In 1998, about 13% (\$419,000,000 or \$343.28 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$742,000,000
Hospital	\$421,000,000
Nursing Home	\$311,000,000
Prescription Drugs	\$149,000,000
Other	\$135,000,000
Annual Total	\$1,758,000,000
Annual Per Capita	\$230

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$2,734,000,000
Annual Per Capita	\$351

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$152,235,170
Gross cigarette tax revenue collected in 2000	\$67,064,000
Cigarette tax per pack was \$0.12 in 2001	
Cigarette sales were 70.9 packs per capita in 2000	

Investment in Tobacco Control

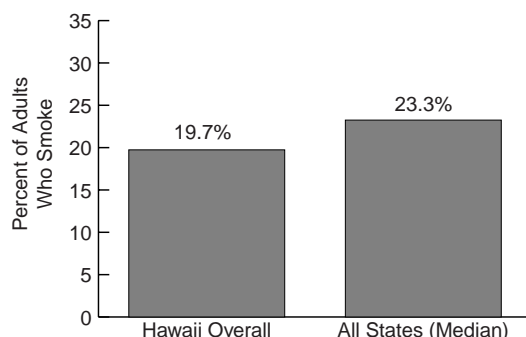
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$20,765,890	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$20,765,890	
Federal—CDC Office on Smoking and Health	\$1,608,025	6/01–5/02
Federal—SAMHSA	\$446,371	10/01–9/02
Non-Government Source—American Legacy Foundation	\$767,286	10/00–9/01
Non-Government Source—RWJF/AMA	\$316,022	6/01–5/02
Subtotal: Federal/National Sources	\$3,137,704	
FY02 Total Investment in Tobacco Control		\$23,903,594
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$42,591,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$114,314,000
FY02 Per Capita Investment in Tobacco Control		\$2.86

Health Impacts

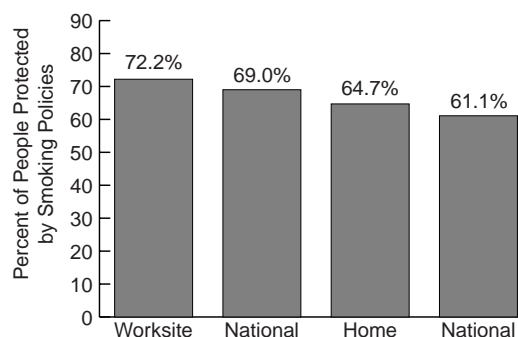
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	1,095	State Lung Cancer	53.7/100,000	Overall	23,858
Men	770	All States	90.2/100,000	Projected Death	
Women	325	State CHD*	35.2/100,000	Rate	8,067/100,000
Death Rate	174.3/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	30.1/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
HI†	n/a	n/a	24.5%	27.1%
Boys†	n/a	n/a	23.3%	26.2%
Girls†	n/a	n/a	25.5%	27.7%

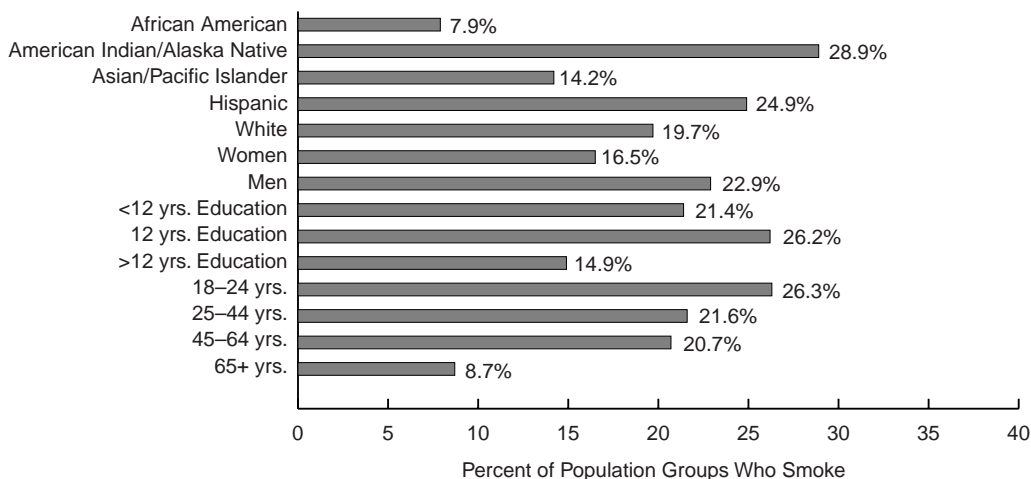
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Hawaii Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Hawaii is investing 217% of CDC's *Best Practices* lower estimated recommended funding and 100% of the upper estimated recommended funding. Hawaii spent \$220 per capita on smoking-attributable direct medical expenditures. In 1998, about 14% (\$91,000,000 or \$493.42 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$132,000,000
Hospital	\$54,000,000
Nursing Home	\$38,000,000
Prescription Drugs	\$18,000,000
Other	\$20,000,000
Annual Total	\$262,000,000
Annual Per Capita	\$220

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$263,000,000
Annual Per Capita	\$222

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$35,800,091
Gross cigarette tax revenue collected in 2000	\$40,050,000
Cigarette tax per pack was \$1.00 in 2001	
Cigarette sales were 31.9 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$22,171,571	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$22,171,571	
Federal—CDC Office on Smoking and Health	\$874,172	6/01–5/02
Federal—SAMHSA	\$68,989	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$283,057	6/01–5/02
Subtotal: Federal/National Sources	\$1,226,218	
FY02 Total Investment in Tobacco Control		\$23,397,789
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$10,778,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$23,448,000
FY02 Per Capita Investment in Tobacco Control		\$19.16

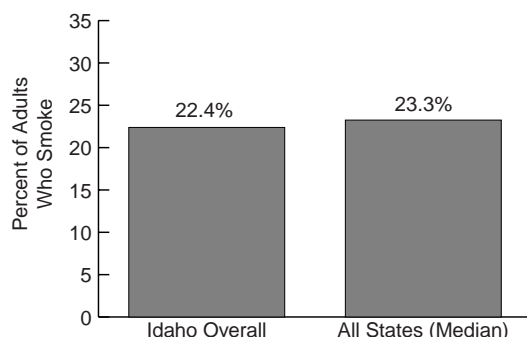
*The amount reflected above is disbursed to a trust fund. Up to an additional \$9,581,399 was appropriated to the Department of Health for promotion and disease prevention programs, including but not limited to maternal and child health and child development programs, promotion of healthy lifestyles and prevention-oriented public health programs.

Health Impacts

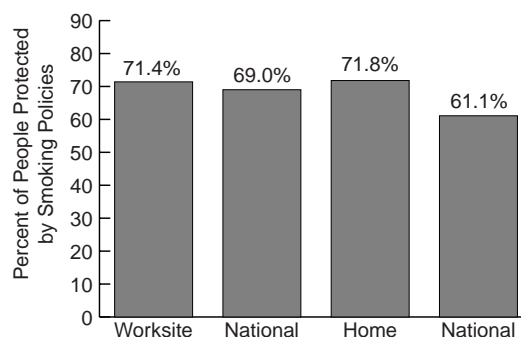
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	1,505	State Lung Cancer	68.1/100,000	Overall	32,127
Men	940	All States	90.2/100,000	Projected Death	
Women	565	State CHD*	49.5/100,000	Rate	8,706/100,000
Death Rate	254.6/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	73.7/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
ID	9.6%†	13.4%†	27.3%††	n/a
Boys	9.7%†	15.4%†	29.3%††	n/a
Girls	9.4%†	11.1%†	25.5%††	n/a

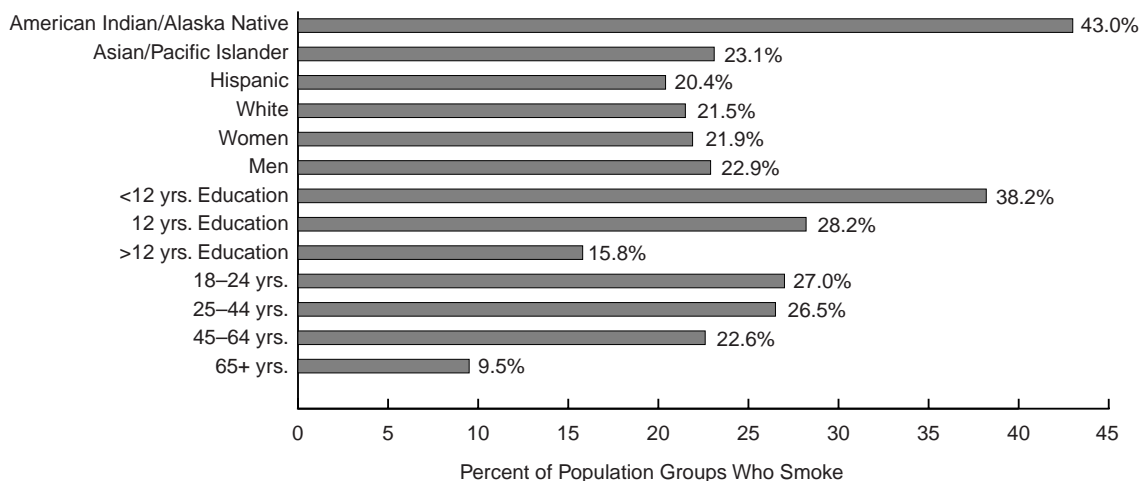
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Idaho Youth Tobacco Survey, 2001; ††Idaho Youth Risk Behavior Survey, 1993.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Idaho is investing 24% of CDC's *Best Practices* lower estimated recommended funding and 11% of the upper estimated recommended funding. Idaho spent \$202 per capita on smoking-attributable direct medical expenditures. In 1998, about 14% (\$65,000,000 or \$527.33 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$84,000,000
Hospital	\$57,000,000
Nursing Home	\$57,000,000
Prescription Drugs	\$22,000,000
Other	\$29,000,000
Annual Total	\$249,000,000
Annual Per Capita	\$202

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$271,000,000
Annual Per Capita	\$217

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$22,531,022
Gross cigarette tax revenue collected in 2000	\$25,250,000
Cigarette tax per pack was \$0.28 in 2001	
Cigarette sales were 66.9 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$1,006,500	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$300,000	7/01–6/02
Subtotal: State Appropriation	\$1,306,500	
Federal—CDC Office on Smoking and Health	\$1,113,388	6/01–5/02
Federal—SAMHSA	\$50,000	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$200,000	6/01–5/02
Subtotal: Federal/National Sources	\$1,363,388	
FY02 Total Investment in Tobacco Control	\$2,669,888	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$11,044,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$24,087,000	
FY02 Per Capita Investment in Tobacco Control	\$2.02	

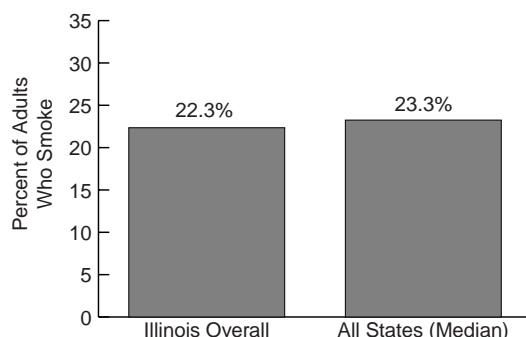
*An additional \$50,000 was appropriated to the Buhl School District Substance Abuse Pilot Program to address tobacco and/or substance abuse. An additional \$120,000 was appropriated to the Idaho Supreme Court to address tobacco and/or substance abuse.

Health Impacts

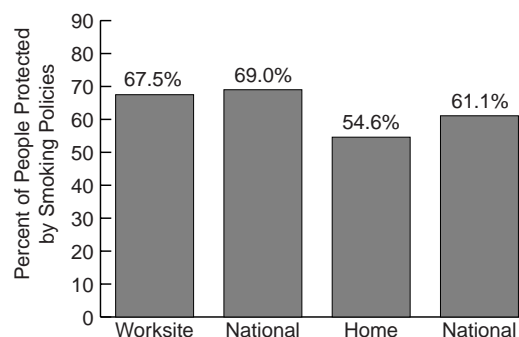
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	18,476	State Lung Cancer	91.0/100,000	Overall	297,384
Men	10,947	All States	90.2/100,000	Projected Death	
Women	7,529	State CHD*	69.6/100,000	Rate	9,163/100,000
Death Rate	303.1/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	63.7/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
IL†	n/a	n/a	35.7%	n/a
Boys†	n/a	n/a	35.8%	n/a
Girls†	n/a	n/a	35.6%	n/a

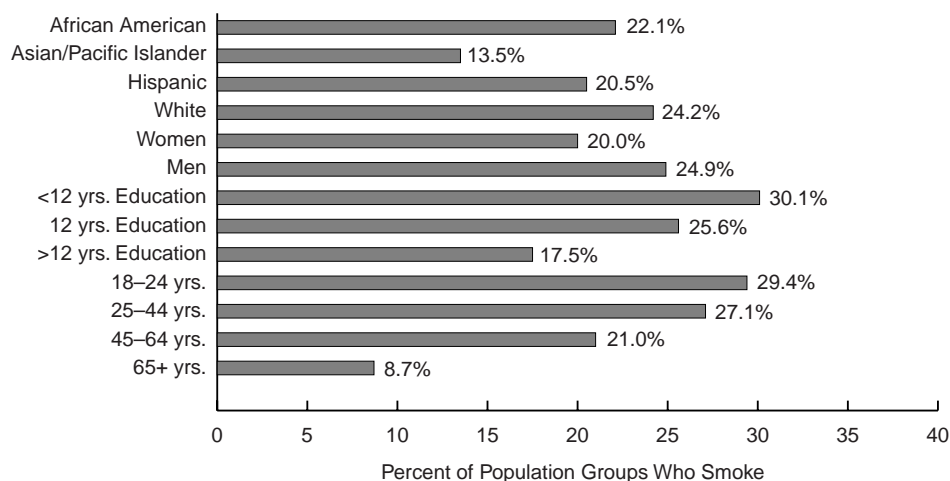
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Illinois Youth Risk Behavior Survey, 1995.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Illinois is investing 78% of CDC's *Best Practices* lower estimated recommended funding and 28% of the upper estimated recommended funding. Illinois spent \$266 per capita on smoking-attributable direct medical expenditures. In 1998, about 18% (\$1,226,000,000 or \$899.06 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$1,097,000,000
Hospital	\$801,000,000
Nursing Home	\$846,000,000
Prescription Drugs	\$268,000,000
Other	\$194,000,000
Annual Total	\$3,206,000,000
Annual Per Capita	\$266

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$3,909,000,000
Annual Per Capita	\$322

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$288,674,835
Gross cigarette tax revenue collected in 2000	\$485,041,000
Cigarette tax per pack was \$0.58 in 2001	
Cigarette sales were 70.0 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$48,900,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$48,900,000	
Federal—CDC Office on Smoking and Health	\$1,655,389	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$265,960	6/01–5/02
Subtotal: Federal/National Sources	\$1,921,349	
FY02 Total Investment in Tobacco Control		\$50,821,349
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$64,909,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$179,048,000
FY02 Per Capita Investment in Tobacco Control		\$4.06

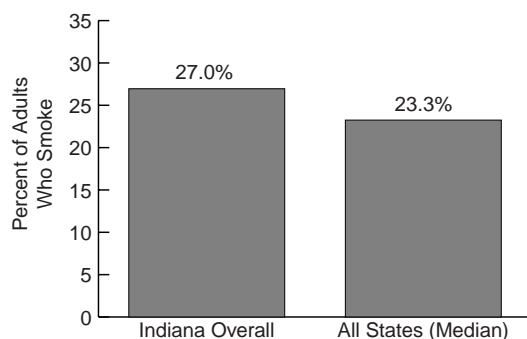
*An additional \$2,250,000 was appropriated for school-based clinics.

Health Impacts

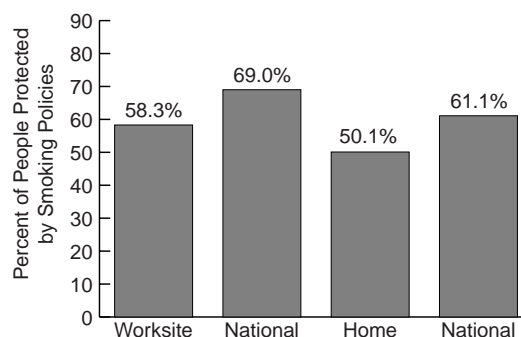
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>	<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>
Overall	10,271	State Lung Cancer	167,604
Men	6,146	All States	90.2/100,000
Women	4,125	State CHD*	71.0/100,000
Death Rate	341.4/100,000	All States	59.7/100,000
All States	295.5/100,000	State COPD†	78.1/100,000
		All States	59.7/100,000
			Overall
			Projected Death
			Rate
			10,646/100,000
			Projected All
			States
			8,830/100,000

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
IN†	9.8%	15.3%	31.6%	36.9%
Boys†	9.3%	16.3%	32.8%	41.1%
Girls†	10.4%	14.2%	30.1%	32.3%

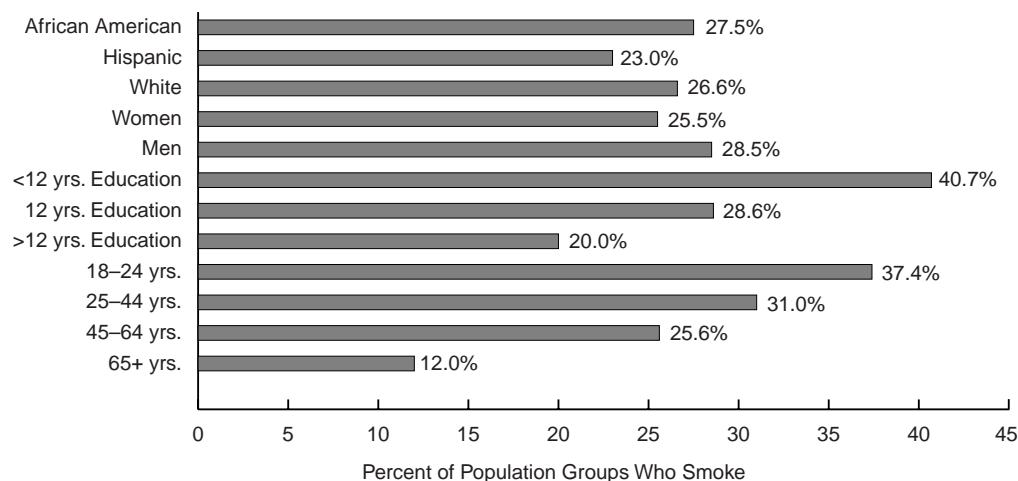
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Indiana Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Indiana is investing 19% of CDC's *Best Practices* lower estimated recommended funding and 7% of the upper estimated recommended funding. Indiana spent \$275 per capita on smoking-attributable direct medical expenditures. In 1998, about 15% (\$380,000,000 or \$625.31 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$501,000,000
Hospital	\$419,000,000
Nursing Home	\$500,000,000
Prescription Drugs	\$134,000,000
Other	\$73,000,000
Annual Total	\$1,627,000,000
Annual Per Capita	\$275

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$2,164,000,000
Annual Per Capita	\$364

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$106,515,675
Gross cigarette tax revenue collected in 2000	\$117,604,000
Cigarette tax per pack was \$0.155 in 2001	
Cigarette sales were 125.5 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$5,000,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$5,000,000	
Federal—CDC Office on Smoking and Health	\$1,492,125	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$200,000	6/01–5/02
Subtotal: Federal/National Sources	\$1,692,125	
FY02 Total Investment in Tobacco Control	\$6,692,125	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$34,784,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$95,804,000	
FY02 Per Capita Investment in Tobacco Control	\$1.09	

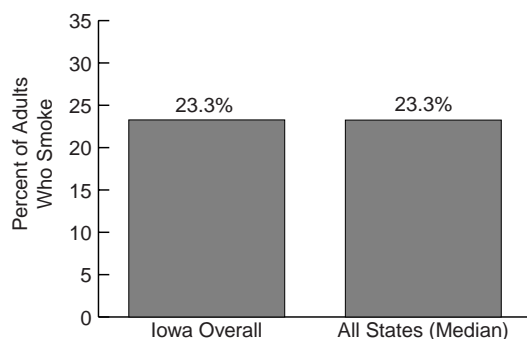
*Funding dedicated to tobacco control from settlement revenue is deposited into a trust fund. In FY01, \$35,000,000 was appropriated to tobacco control. The FY01 appropriation will be rolled over into the FY02 budget.

Health Impacts

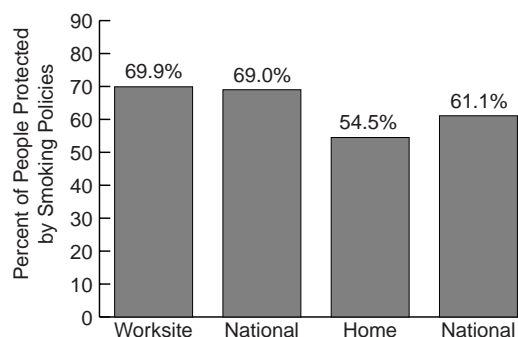
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	4,615	State Lung Cancer	79.7/100,000	Overall	80,319
Men	2,936	All States	90.2/100,000	Projected Death	
Women	1,679	State CHD*	57.7/100,000	Rate	10,948/100,000
Death Rate	265.6/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	68.6/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
IA†	11.8%	16.4%	32.7%	39.0%
Boys†	11.3%	17.5%	34.2%	45.6%
Girls†	12.3%	15.1%	31.1%	31.9%

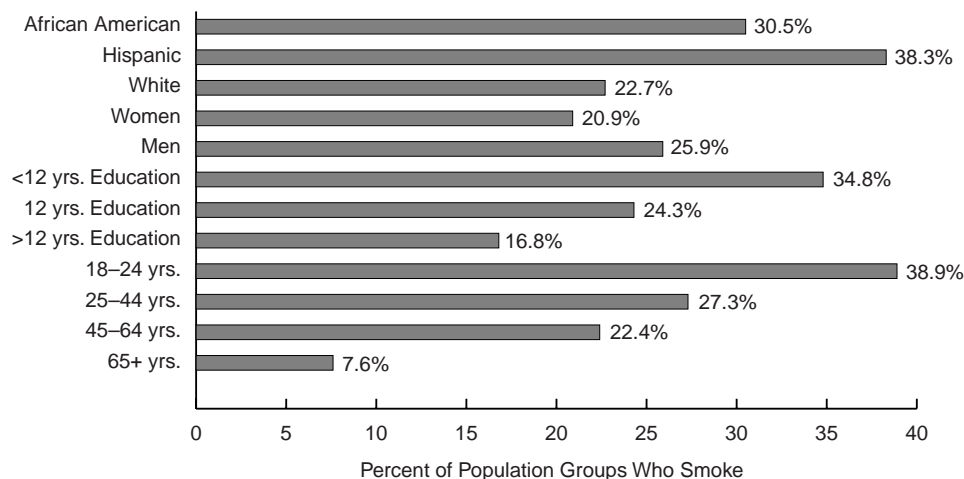
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Iowa Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Iowa is investing 58% of CDC's *Best Practices* lower estimated recommended funding and 23% of the upper estimated recommended funding. Iowa spent \$278 per capita on smoking-attributable direct medical expenditures. In 1998, about 14% (\$235,000,000 or \$745.39 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$220,000,000
Hospital	\$190,000,000
Nursing Home	\$264,000,000
Prescription Drugs	\$68,000,000
Other	\$52,000,000
Annual Total	\$794,000,000
Annual Per Capita	\$278

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$824,000,000
Annual Per Capita	\$287

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$53,940,181
Gross cigarette tax revenue collected in 2000	\$92,817,000
Cigarette tax per pack was \$0.36 in 2001	
Cigarette sales were 88.9 packs per capita in 2000	

Investment in Tobacco Control

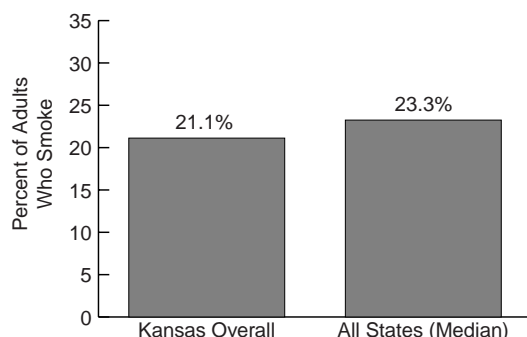
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$9,420,394	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$9,420,394	
Federal—CDC Office on Smoking and Health	\$1,043,669	6/01–5/02
Federal—SAMHSA	\$663,250	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$0	
Subtotal: Federal/National Sources	\$1,706,919	
FY02 Total Investment in Tobacco Control		\$11,127,313
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$19,347,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$48,713,000
FY02 Per Capita Investment in Tobacco Control		\$3.78

Health Impacts

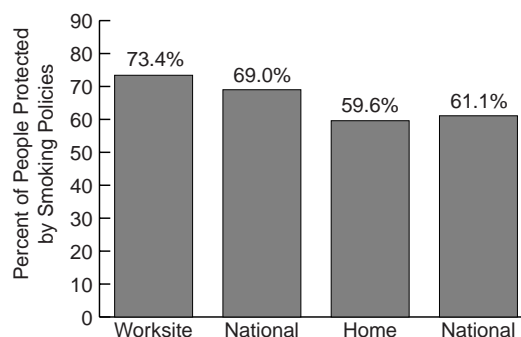
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	3,864	State Lung Cancer	83.6/100,000	Overall	57,358
Men	2,510	All States	90.2/100,000	Projected Death	
Women	1,354	State CHD*	48.1/100,000	Rate	8,045/100,000
Death Rate	269.8/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	70.1/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
KS†	8.1%	12.0%	26.1%	33.6%
Boys†	8.0%	13.2%	24.7%	37.2%
Girls†	7.9%	10.3%	27.5%	29.7%

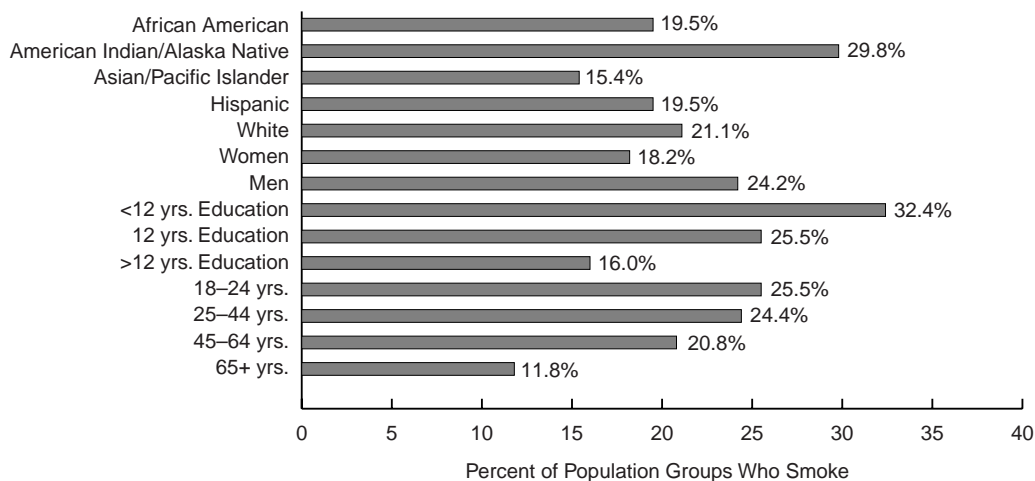
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Kansas Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Kansas is investing 15% of CDC's *Best Practices* lower estimated recommended funding and 6% of the upper estimated recommended funding. Kansas spent \$274 per capita on smoking-attributable direct medical expenditures. In 1998, about 15% (\$153,000,000 or \$632.56 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$235,000,000
Hospital	\$170,000,000
Nursing Home	\$206,000,000
Prescription Drugs	\$60,000,000
Other	\$53,000,000
Annual Total	\$724,000,000
Annual Per Capita	\$274

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$741,000,000
Annual Per Capita	\$279

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$51,707,586
Gross cigarette tax revenue collected in 2000	\$50,887,000
Cigarette tax per pack was \$0.24 in 2001	
Cigarette sales were 79.8 packs per capita in 2000	

Investment in Tobacco Control

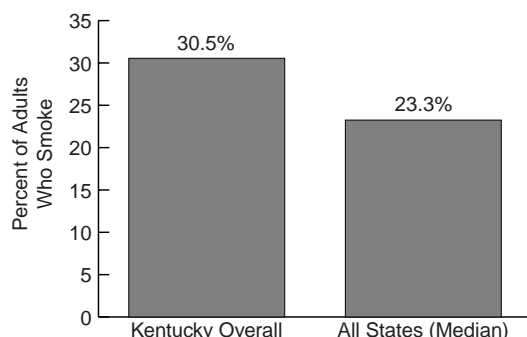
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$500,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$500,000	
Federal—CDC Office on Smoking and Health	\$1,229,700	6/01–5/02
Federal—SAMHSA	\$145,000	10/01–9/02
Non-Government Source—American Legacy Foundation	\$500,000	10/00–9/01
Non-Government Source—RWJF/AMA	\$396,908	6/01–5/02
Subtotal: Federal/National Sources	\$2,271,608	
FY02 Total Investment in Tobacco Control	\$2,771,608	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$18,052,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$44,689,000	
FY02 Per Capita Investment in Tobacco Control	\$1.02	

Health Impacts

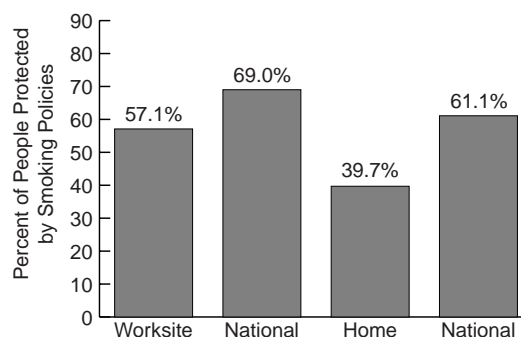
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	7,791	State Lung Cancer	121.4/100,000	Overall	114,995
Men	4,836	All States	90.2/100,000	Projected Death	
Women	2,955	State CHD*	78.6/100,000	Rate	11,559/100,000
Death Rate	387.1/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	91.6/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
KY†	21.5%	28.3%	37.4%	46.2%
Boys†	21.9%	33.0%	35.6%	50.2%
Girls†	21.1%	23.2%	39.0%	41.8%

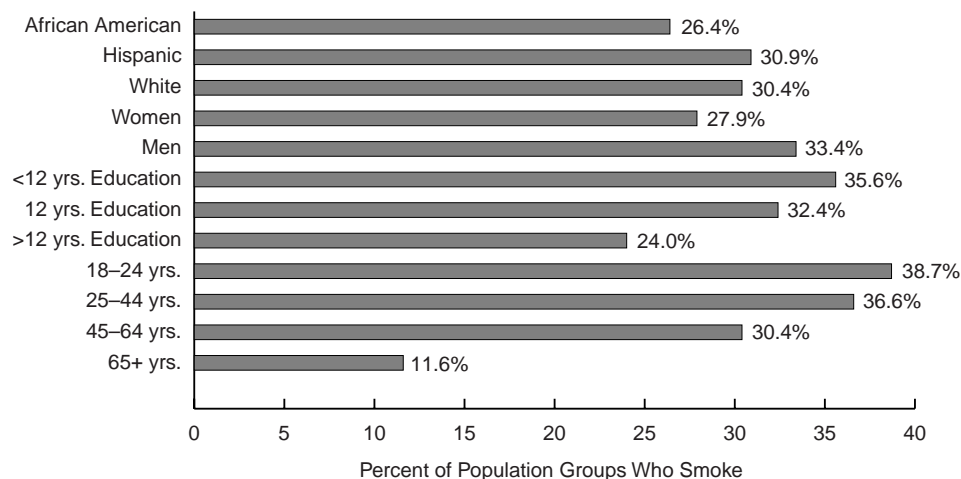
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Kentucky Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Kentucky is investing 20% of CDC's *Best Practices* lower estimated recommended funding and 7% of the upper estimated recommended funding. Kentucky spent \$298 per capita on smoking-attributable direct medical expenditures. In 1998, about 15% (\$380,000,000 or \$589.46 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$371,000,000
Hospital	\$313,000,000
Nursing Home	\$299,000,000
Prescription Drugs	\$108,000,000
Other	\$80,000,000
Annual Total	\$1,171,000,000
Annual Per Capita	\$298

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$1,841,000,000
Annual Per Capita	\$465

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$104,957,133
Gross cigarette tax revenue collected in 2000	\$18,724,000
Cigarette tax per pack was \$0.03 in 2001	
Cigarette sales were 156.2 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$3,040,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$3,040,000	
Federal—CDC Office on Smoking and Health	\$1,128,413	6/01–5/02
Federal—SAMHSA	\$182,208	10/01–9/02
Non-Government Source—American Legacy Foundation	\$99,261	10/00–9/01
Non-Government Source—RWJF/AMA	\$462,814	3/01–2/02
Subtotal: Federal/National Sources	\$1,872,696	
FY02 Total Investment in Tobacco Control		\$4,912,696
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$25,090,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$69,895,000
FY02 Per Capita Investment in Tobacco Control		\$1.21

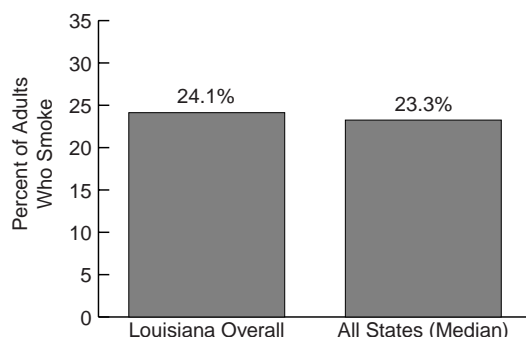
*An additional \$2,500,000 was appropriated to the Kentucky Agency for Substance Abuse for smoking cessation and other substance abuse programs.

Health Impacts

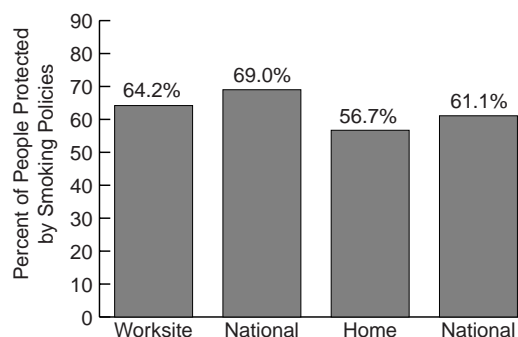
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	6,421	State Lung Cancer	104.6/100,000	Overall	107,968
Men	3,896	All States	90.2/100,000	Projected Death	
Women	2,525	State CHD*	65.8/100,000	Rate	8,851/100,000
Death Rate	314.1/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	60.1/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
LA	17.1%†	26.3%†	36.4%††	n/a
Boys	18.1%†	30.6%†	38.2%††	n/a
Girls	15.4%†	20.8%†	34.6%††	n/a

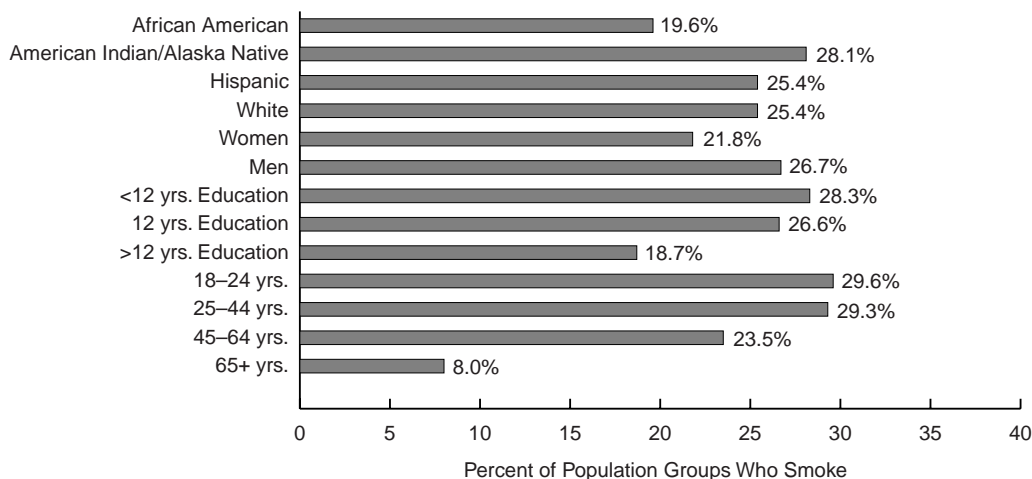
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Louisiana Youth Tobacco Survey, 2001; ††Louisiana Youth Risk Behavior Survey, 1997.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Louisiana is investing 9% of CDC's *Best Practices* lower estimated recommended funding and 3% of the upper estimated recommended funding. Louisiana spent \$264 per capita on smoking-attributable direct medical expenditures. In 1998, about 17% (\$518,000,000 or \$719.08 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$392,000,000
Hospital	\$308,000,000
Nursing Home	\$268,000,000
Prescription Drugs	\$101,000,000
Other	\$82,000,000
Annual Total	\$1,151,000,000
Annual Per Capita	\$264

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$1,662,000,000
Annual Per Capita	\$380

State Fiscal Resources Available for Tobacco Control

Tobacco settlement revenue received in 2001	\$139,997,812
Gross cigarette tax revenue collected in 2000	\$92,299,000
Cigarette tax per pack was \$0.24 in 2001	
Cigarette sales were 104.3 packs per capita in 2000	

Investment in Tobacco Control

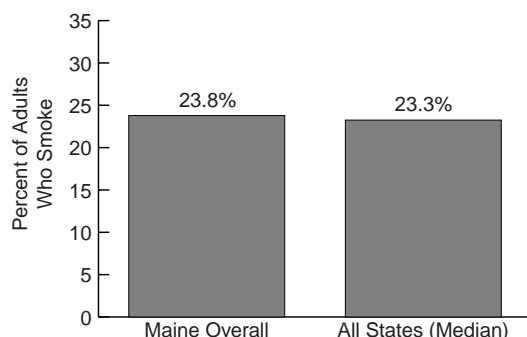
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$500,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$500,000	
Federal—CDC Office on Smoking and Health	\$1,140,677	6/01–5/02
Federal—SAMHSA	\$400,000	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$299,174	6/01–5/02
Subtotal: Federal/National Sources	\$1,839,851	
FY02 Total Investment in Tobacco Control	\$2,339,851	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$27,132,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$71,431,000	
FY02 Per Capita Investment in Tobacco Control	\$0.52	

Health Impacts

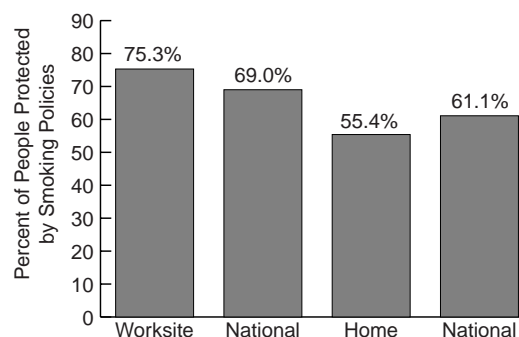
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	2,132	State Lung Cancer	95.7/100,000	Overall	33,292
Men	1,216	All States	90.2/100,000	Projected Death	
Women	916	State CHD*	56.7/100,000	Rate	11,052/100,000
Death Rate	305.2/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	82.5/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
ME†	11.7%	13.7%	28.6%	32.6%
Boys†	11.3%	14.4%	28.6%	35.2%
Girls†	12.3%	12.9%	28.5%	29.9%

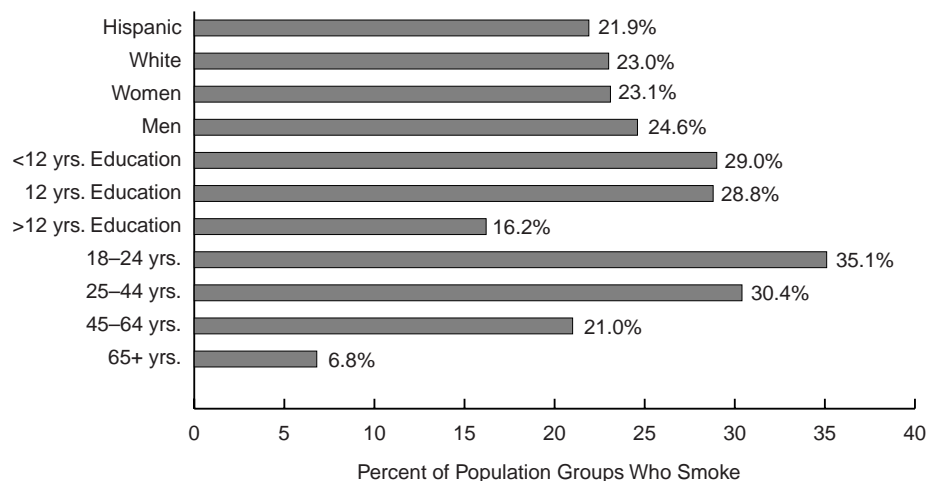
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Maine Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Maine is investing 125% of CDC's *Best Practices* lower estimated recommended funding and 55% of the upper estimated recommended funding. Maine spent \$377 per capita on smoking-attributable direct medical expenditures. In 1998, about 16% (\$169,000,000 or \$996.71 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$134,000,000
Hospital	\$110,000,000
Nursing Home	\$134,000,000
Prescription Drugs	\$43,000,000
Other	\$49,000,000
Annual Total	\$470,000,000
Annual Per Capita	\$377

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$406,000,000
Annual Per Capita	\$324

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$47,268,164
Gross cigarette tax revenue collected in 2000	\$77,235,000
Cigarette tax per pack was \$0.74 in 2001	
Cigarette sales were 82.9 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$12,655,488	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$12,655,488	
Federal—CDC Office on Smoking and Health	\$1,001,691	6/01–5/02
Federal—SAMHSA	\$30,000	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$331,493	6/01–5/02
Subtotal: Federal/National Sources	\$1,363,184	
FY02 Total Investment in Tobacco Control		\$14,018,672
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$11,189,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$25,353,000
FY02 Per Capita Investment in Tobacco Control		\$10.96

*An additional \$1,100,000 was appropriated to the Department of Health Services, Medical Care for payments to Medicaid health care providers for services that include smoking cessation and other health services.

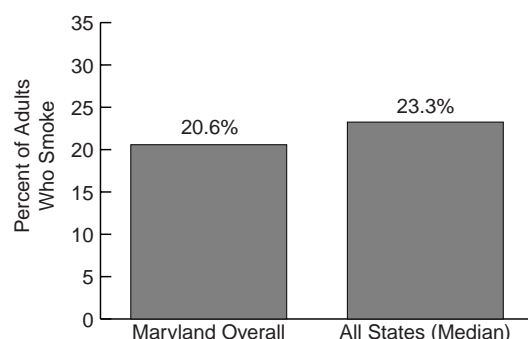


Health Impacts

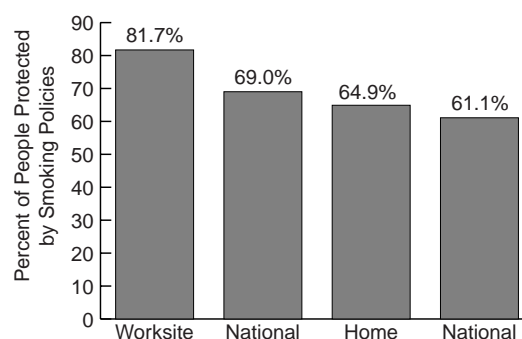
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	6,831	State Lung Cancer	93.2/100,000	Overall	104,889
Men	3,987	All States	90.2/100,000	Projected Death	
Women	2,844	State CHD*	59.8/100,000	Rate	7,734/100,000
Death Rate	283.3/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	61.2/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
MD†	7.3%	11.8%	23.7%	29.9%
Boys†	7.3%	12.5%	23.3%	32.1%
Girls†	7.3%	10.8%	23.8%	27.4%

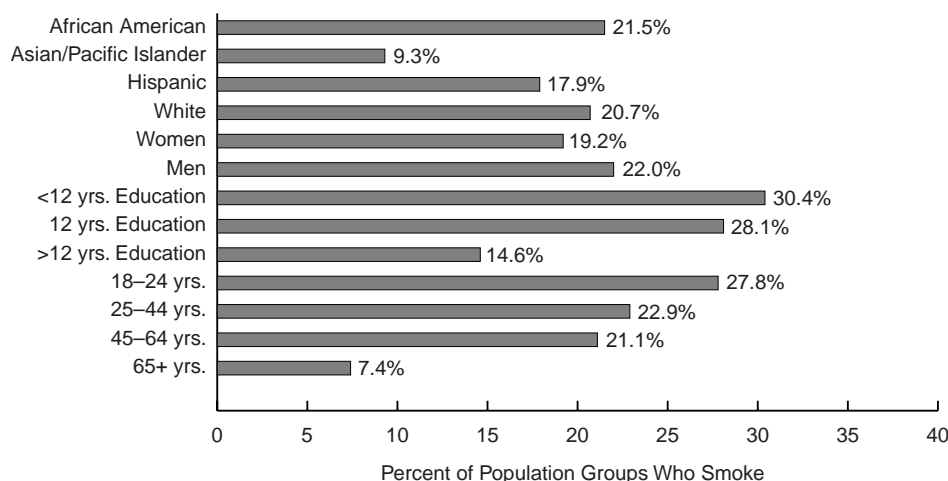
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Maryland Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Maryland is investing 107% of CDC's *Best Practices* lower estimated recommended funding and 41% of the upper estimated recommended funding. Maryland spent \$299 per capita on smoking-attributable direct medical expenditures. In 1998, about 15% (\$372,000,000 or \$663.31 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$588,000,000
Hospital	\$309,000,000
Nursing Home	\$400,000,000
Prescription Drugs	\$129,000,000
Other	\$107,000,000
Annual Total	\$1,533,000,000
Annual Per Capita	\$299

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$1,555,000,000
Annual Per Capita	\$301

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$140,202,664
Gross cigarette tax revenue collected in 2000	\$200,760,000
Cigarette tax per pack was \$0.66 in 2001	
Cigarette sales were 57.7 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$30,671,765	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$ 30,671,765	
Federal—CDC Office on Smoking and Health	\$1,370,605	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$257,036	6/01–5/02
Subtotal: Federal/National Sources	\$1,627,641	
FY02 Total Investment in Tobacco Control		\$32,299,406
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$30,301,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$78,601,000
FY02 Per Capita Investment in Tobacco Control		\$6.04

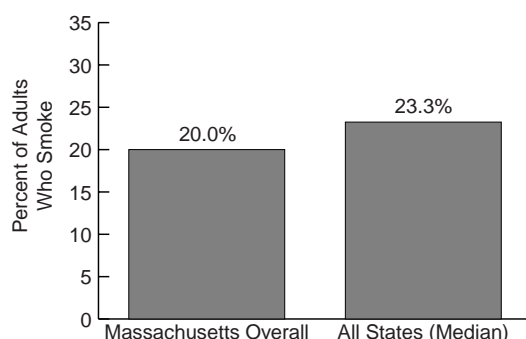
*A total of \$10,674,000 of the \$30,671,756 may not be expended until the Secretary of Budget and Management determines that sufficient tobacco settlement funds are available. An additional \$1,177,408 is budgeted by the Department of Health from general fund revenue for tobacco control.

Health Impacts

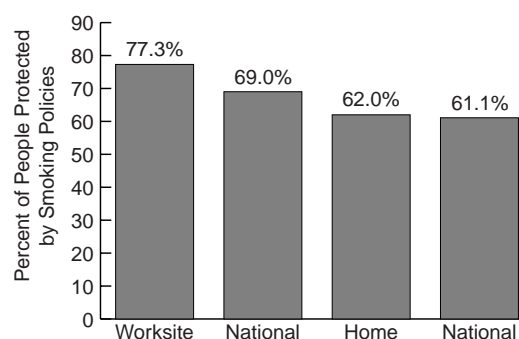
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	9,008	State Lung Cancer	85.1/100,000	Overall	117,753
Men	5,064	All States	90.2/100,000	Projected Death	
Women	3,944	State CHD*	47.2/100,000	Rate	7,850/100,000
Death Rate	261.2/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	60.9/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
MA†	n/a	n/a	30.3%	35.1%
Boys†	n/a	n/a	29.9%	37.8%
Girls†	n/a	n/a	30.7%	32.3%

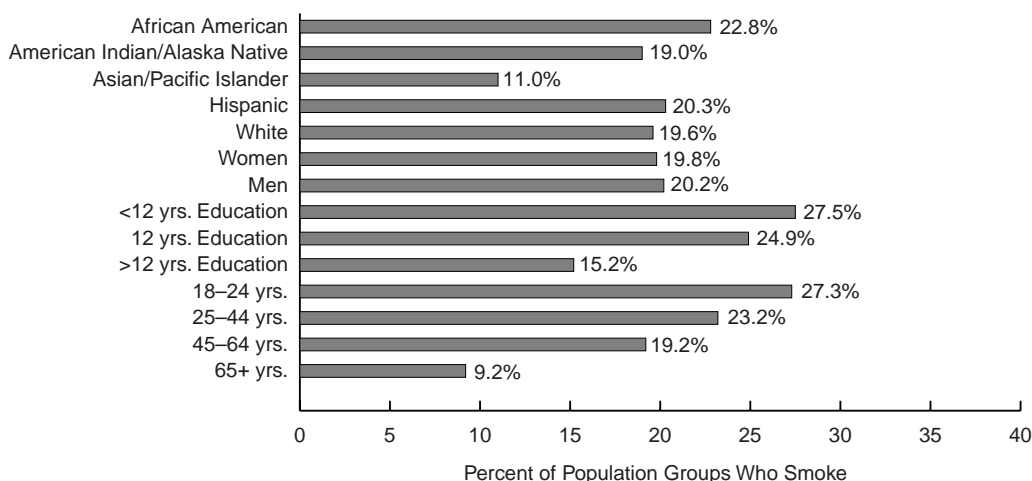
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Massachusetts Youth Risk Behavior Survey, 1999.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

As of November 30, 2001, the state legislature had not completed its FY2002 budget bill; therefore, investment in tobacco control figures were not available for this report. Massachusetts spent \$450 per capita on smoking-attributable direct medical expenditures. In 1998, about 14% (\$817,000,000 or \$899.73 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$861,000,000
Hospital	\$570,000,000
Nursing Home	\$934,000,000
Prescription Drugs	\$194,000,000
Other	\$207,000,000
Annual Total	\$2,766,000,000
Annual Per Capita	\$450

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$1,588,000,000
Annual Per Capita	\$257

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$240,246,288
Gross cigarette tax revenue collected in 2000	\$274,467,000
Cigarette tax per pack was \$0.76 in 2001	
Cigarette sales were 58.3 packs per capita in 2000	

Investment in Tobacco Control

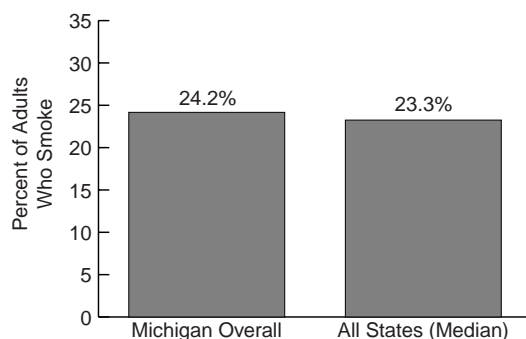
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	not available	
State Appropriation—Excise Tax Revenue	not available	
State Appropriation—Other	not available	
Subtotal: State Appropriation	not available	
Federal—CDC Office on Smoking and Health	\$1,571,990	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$449,370	6/01–5/02
Subtotal: Federal/National Sources	\$2,021,360	
FY02 Total Investment in Tobacco Control		not available
CDC Best Practices Recommended Annual Total (Lower Estimate)		\$35,244,000
CDC Best Practices Recommended Annual Total (Upper Estimate)		\$92,758,000
FY02 Per Capita Investment in Tobacco Control		not available

Health Impacts

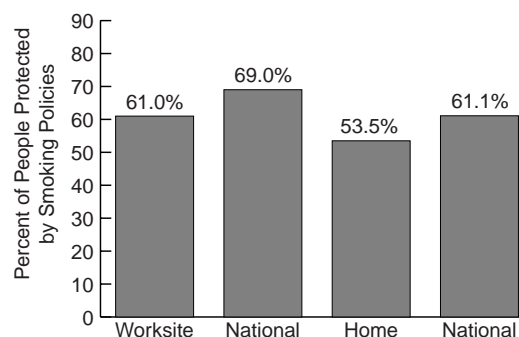
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	14,741	State Lung Cancer	88.6/100,000	Overall	255,356
Men	8,905	All States	90.2/100,000	Projected Death	
Women	5,836	State CHD*	71.3/100,000	Rate	9,837/100,000
Death Rate	299.0/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	66.6/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
MI†	9.3%	14.2%	27.6%	34.1%
Boys†	9.8%	15.8%	25.8%	36.1%
Girls†	8.7%	12.4%	27.5%	32.0%

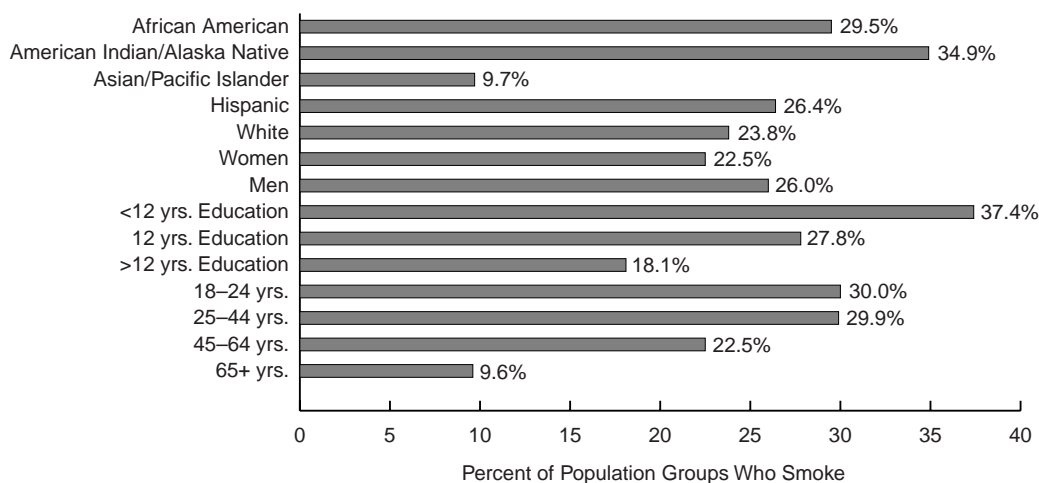
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Michigan Youth Tobacco Survey, 2001.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Michigan is investing 12% of CDC's *Best Practices* lower estimated recommended funding and 4% of the upper estimated recommended funding. Michigan spent \$270 per capita on smoking-attributable direct medical expenditures. In 1998, about 16% (\$881,000,000 or \$646.11 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$897,000,000
Hospital	\$734,000,000
Nursing Home	\$575,000,000
Prescription Drugs	\$286,000,000
Other	\$163,000,000
Annual Total	\$2,655,000,000
Annual Per Capita	\$270

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$3,405,000,000
Annual Per Capita	\$345

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$258,862,265
Gross cigarette tax revenue collected in 2000	\$601,780,000
Cigarette tax per pack was \$0.75 in 2001	
Cigarette sales were 83.7 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$0	
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other*	\$3,900,000	10/01–9/02
Subtotal: State Appropriation	\$3,900,000	
Federal—CDC Office on Smoking and Health	\$1,775,695	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$318,530	10/00–9/01
Non-Government Source—RWJF/AMA	\$340,380	6/01–5/02
Subtotal: Federal/National Sources	\$2,434,605	
FY02 Total Investment in Tobacco Control		\$6,334,605
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$54,804,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$154,558,000
FY02 Per Capita Investment in Tobacco Control		\$0.63

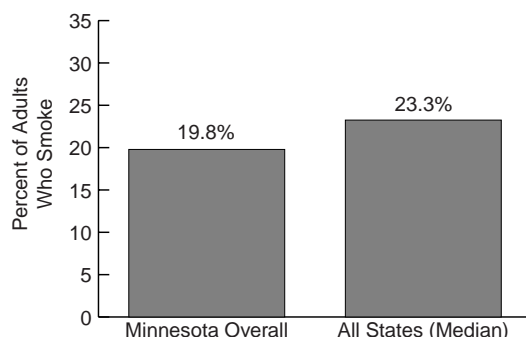
*Funding amounts not verified by state budget office.

Health Impacts

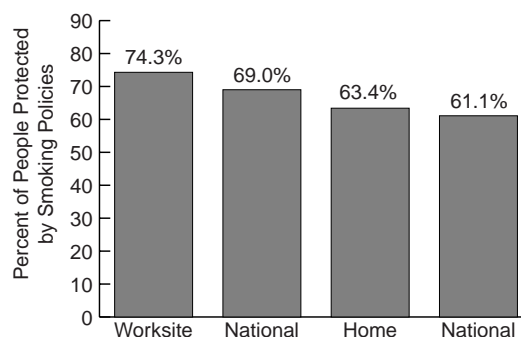
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	5,618	State Lung Cancer	73.8/100,000	Overall	112,085
Men	3,410	All States	90.2/100,000	Projected Death	
Women	2,208	State CHD*	37.9/100,000	Rate	8,710/100,000
Death Rate	231.1/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	58.9/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
MN†	9.1%	12.6%	32.4%	38.7%
Boys†	8.7%	12.9%	32.0%	42.7%
Girls†	9.5%	12.3%	32.6%	34.1%

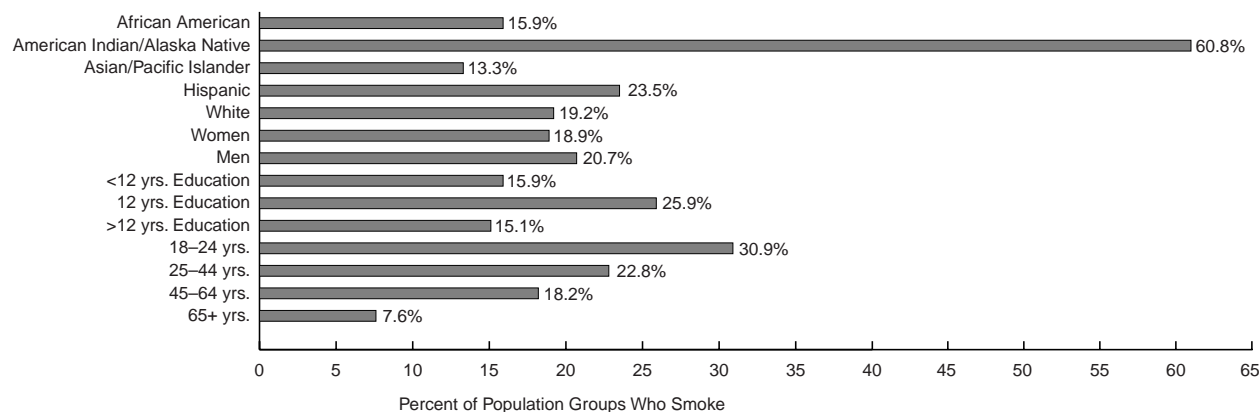
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Minnesota Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Minnesota is investing 105% of CDC's *Best Practices* lower estimated recommended funding and 41% of the upper estimated recommended funding. Minnesota spent \$341 per capita on smoking-attributable direct medical expenditures. In 1998, about 13% (\$363,000,000 or \$675.57 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$679,000,000
Hospital	\$296,000,000
Nursing Home	\$434,000,000
Prescription Drugs	\$105,000,000
Other	\$97,000,000
Annual Total	\$1,611,000,000
Annual Per Capita	\$341

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$1,027,000,000
Annual Per Capita	\$215

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$336,997,000
Gross cigarette tax revenue collected in 2000	\$177,262,000
Cigarette tax per pack was \$0.48 in 2001	
Cigarette sales were 76.0 packs per capita in 2000	

Investment in Tobacco Control

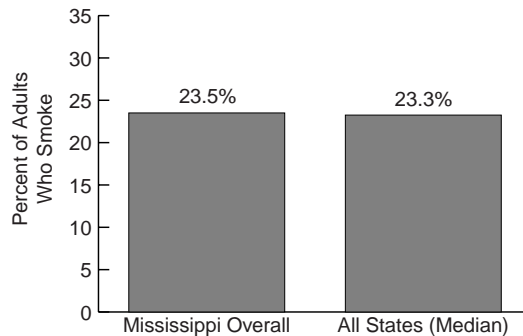
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$17,610,935	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Non-Governmental Funding—MN Partnership for Action Against Tobacco	\$10,900,000	7/01–6/02
Subtotal: State Sources	\$28,510,935	
Federal—CDC Office on Smoking and Health	\$1,376,165	6/01–5/02
Federal—SAMHSA	\$71,710	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$232,748	03/01–2/02
Subtotal: Federal/National Sources	\$1,680,623	
FY02 Total Investment in Tobacco Control		\$30,191,558
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$28,624,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$74,013,000
FY02 Per Capita Investment in Tobacco Control		\$6.07

Health Impacts

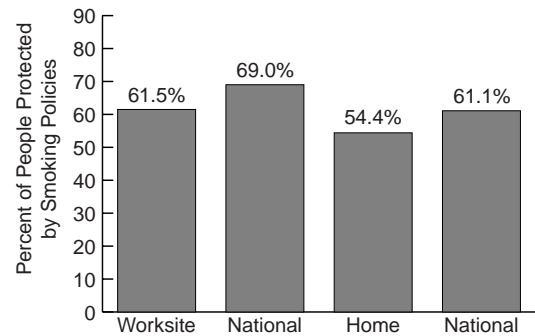
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	4,961	State Lung Cancer	115.0/100,000	Overall	58,515
Men	3,306	All States	90.2/100,000	Projected Death	
Women	1,655	State CHD*	80.2/100,000	Rate	7,549/100,000
Death Rate	367.8/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	71.5/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
MS†	17.8%	25.3%	30.5%	40.6%
Boys†	19.2%	29.4%	33.3%	47.8%
Girls†	16.3%	20.8%	27.6%	33.3%

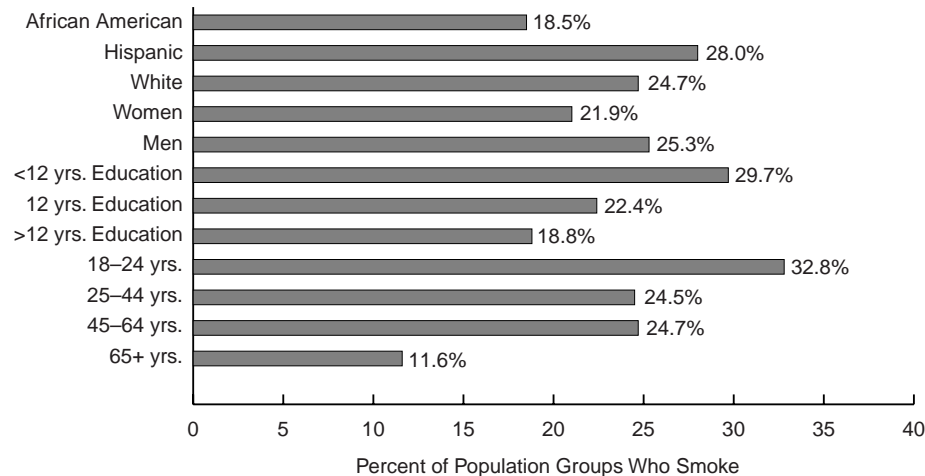
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Mississippi Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Mississippi is investing 120% of CDC's *Best Practices* lower estimated recommended funding and 48% of the upper estimated recommended funding. Mississippi spent \$204 per capita on smoking-attributable direct medical expenditures. In 1998, about 14% (\$206,000,000 or \$424.29 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$184,000,000
Hospital	\$154,000,000
Nursing Home	\$130,000,000
Prescription Drugs	\$55,000,000
Other	\$38,000,000
Annual Total	\$561,000,000
Annual Per Capita	\$204

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$1,298,000,000
Annual Per Capita	\$469

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$211,149,286
Gross cigarette tax revenue collected in 2000	\$49,247,000
Cigarette tax per pack was \$0.18 in 2001	
Cigarette sales were 97.2 packs per capita in 2000	

Investment in Tobacco Control

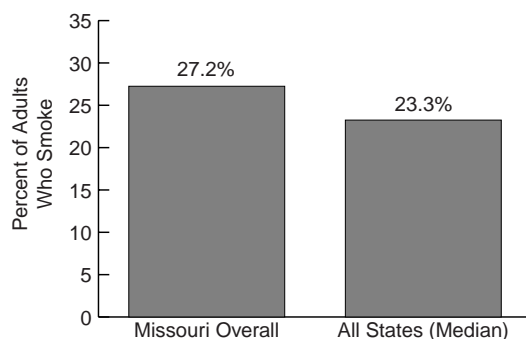
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$0	
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Non-Governmental Source—Partnership for a Healthier Mississippi	\$21,782,613	6/01–5/02
Subtotal: State Sources	\$21,782,613	
Federal—CDC Office on Smoking and Health	\$380,796	6/01–5/02
Federal—SAMHSA	\$131,834	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$299,196	6/01–5/02
Subtotal: Federal/National Sources	\$811,826	
FY02 Total Investment in Tobacco Control		\$22,594,439
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$18,788,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$46,804,000
FY02 Per Capita Investment in Tobacco Control		\$7.87

Health Impacts

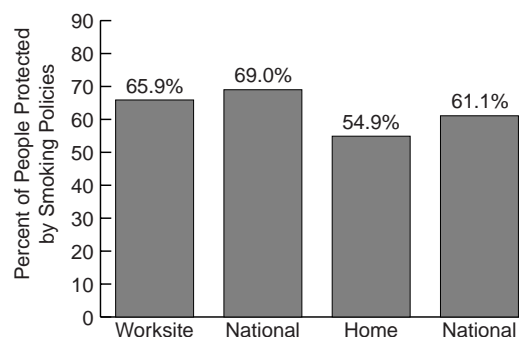
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>	<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>
Overall	10,271	State Lung Cancer	101.6/100,000
Men	6,238	All States	90.2/100,000
Women	4,033	State CHD*	79.7/100,000
Death Rate	345.3/100,000	All States	59.7/100,000
All States	295.5/100,000	State COPD†	78.9/100,000
		All States	59.7/100,000
		Overall	139,484
		Projected Death	
		Rate	9,770/100,000
		Projected All	
		States	8,830/100,000

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
MO	14.9%†	19.5%†	32.8%††	39.0%††
Boys	13.7%†	n/a	35.6%††	44.0%††
Girls	16.3%†	n/a	30.1%††	33.9%††

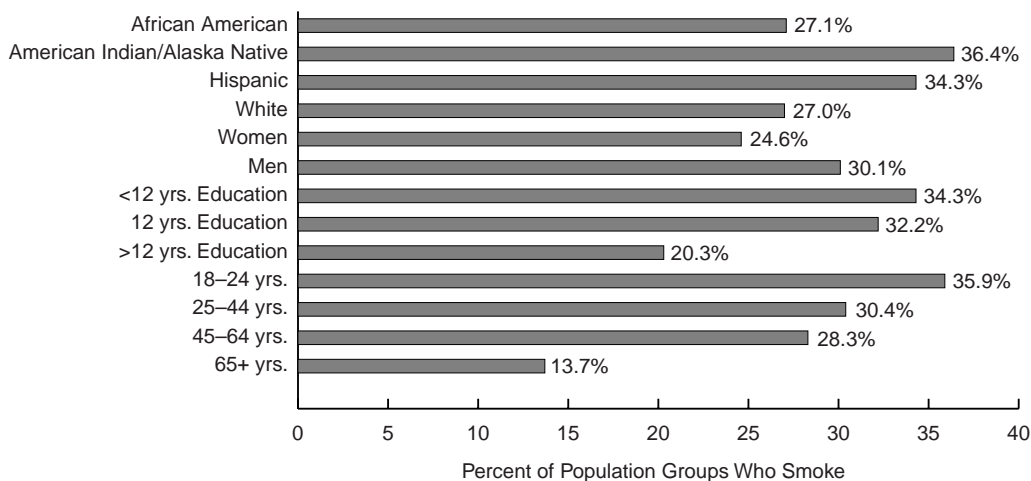
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Missouri Youth Tobacco Survey, 1999; ††Missouri Youth Risk Behavior Survey, 1999.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Missouri is investing 72% of CDC's *Best Practices* lower estimated recommended funding and 26% of the upper estimated recommended funding. Missouri spent \$307 per capita on smoking-attributable direct medical expenditures. In 1998, about 14% (\$415,000,000 or \$565.59 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$507,000,000
Hospital	\$452,000,000
Nursing Home	\$466,000,000
Prescription Drugs	\$133,000,000
Other	\$110,000,000
Annual Total	\$1,668,000,000
Annual Per Capita	\$307

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$2,173,000,000
Annual Per Capita	\$397

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$142,110,326
Gross cigarette tax revenue collected in 2000	\$107,169,000
Cigarette tax per pack was \$0.17 in 2001	
Cigarette sales were 113.8 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$22,176,700	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$22,176,700	
Federal—CDC Office on Smoking and Health	\$1,166,052	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$200,000	6/01–5/02
Subtotal: Federal/National Sources	\$1,366,052	
FY02 Total Investment in Tobacco Control		\$23,542,752
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$32,767,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$91,359,000
FY02 Per Capita Investment in Tobacco Control		\$4.17

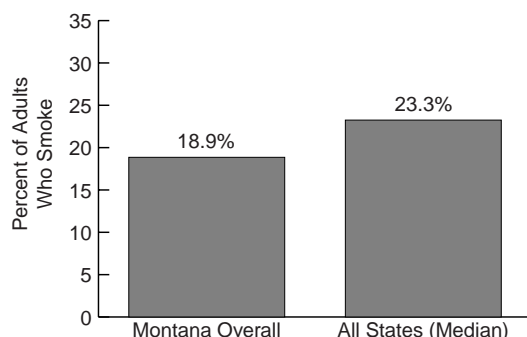
*Due to a budget shortfall, \$3,500,000 of this money is withheld.

Health Impacts

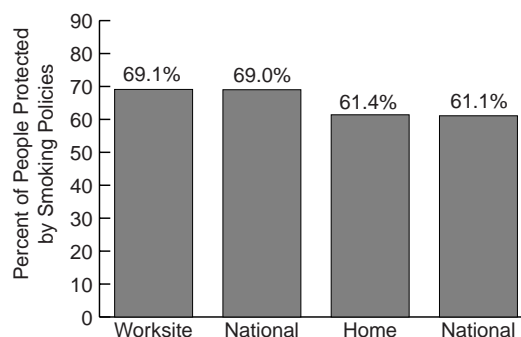
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	1,434	State Lung Cancer	86.3/100,000	Overall	17,143
Men	858	All States	90.2/100,000	Projected Death	
Women	576	State CHD*	44.5/100,000	Rate	7,451/100,000
Death Rate	294.7/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	90.3/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
MT†	n/a	n/a	35.0%	45.0%
Boys†	n/a	n/a	35.4%	52.3%
Girls†	n/a	n/a	34.6%	37.6%

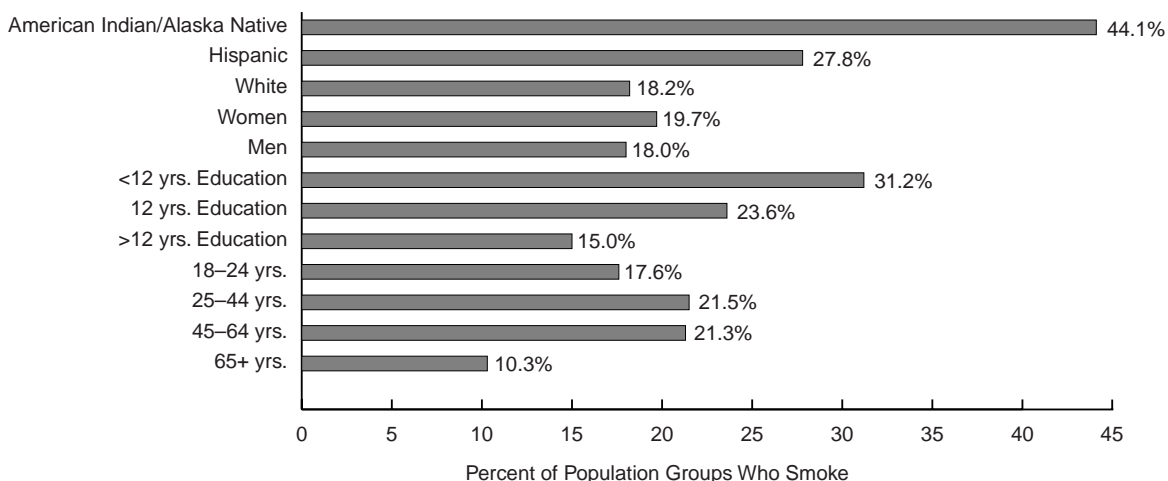
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Montana Youth Risk Behavior Survey, 1999.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Montana is investing 20% of CDC's *Best Practices* lower estimated recommended funding and 10% of the upper estimated recommended funding. Montana spent \$246 per capita on smoking-attributable direct medical expenditures. In 1998, about 13% (\$52,000,000 or \$514.32 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$67,000,000
Hospital	\$62,000,000
Nursing Home	\$52,000,000
Prescription Drugs	\$18,000,000
Other	\$17,000,000
Annual Total	\$216,000,000
Annual Per Capita	\$246

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$247,000,000
Annual Per Capita	\$280

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$26,248,117
Gross cigarette tax revenue collected in 2000	\$12,442,000
Cigarette tax per pack was \$0.18 in 2001	
Cigarette sales were 75.5 packs per capita in 2000	

Investment in Tobacco Control

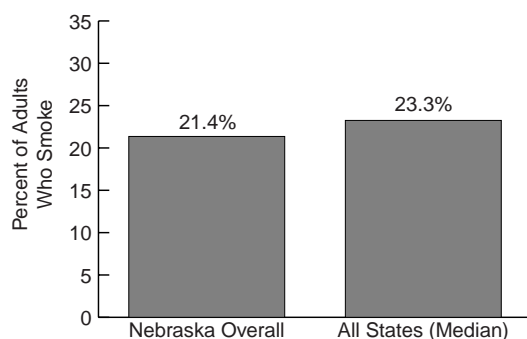
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$0	
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$502,165	7/01–6/02
Subtotal: State Appropriation	\$502,165	
Federal—CDC Office on Smoking and Health	\$875,000	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$178,282	10/00–9/01
Non-Government Source—RWJF/AMA	\$349,174	6/01–5/02
Subtotal: Federal/National Sources	\$1,402,456	
FY02 Total Investment in Tobacco Control		\$1,904,621
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$9,355,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$19,679,000
FY02 Per Capita Investment in Tobacco Control		\$2.09

Health Impacts

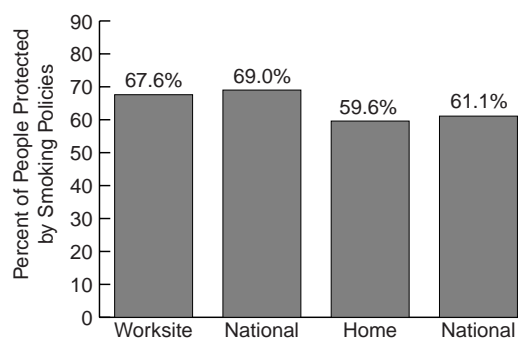
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	2,449	State Lung Cancer	81.2/100,000	Overall	45,712
Men	1,552	All States	90.2/100,000	Projected Death	
Women	897	State CHD*	43.5/100,000	Rate	10,153/100,000
Death Rate	264.2/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	72.7/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>		<i>GRADES 9-12</i>	
Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National* 11.0%	15.1%	28.0%	34.5%
NE 10.0%†	13.8%†	29.0%††	35.8%††
Boys 10.2%†	15.6%†	27.1%††	38.9%††
Girls 9.8%†	11.8%†	30.8%††	32.8%††

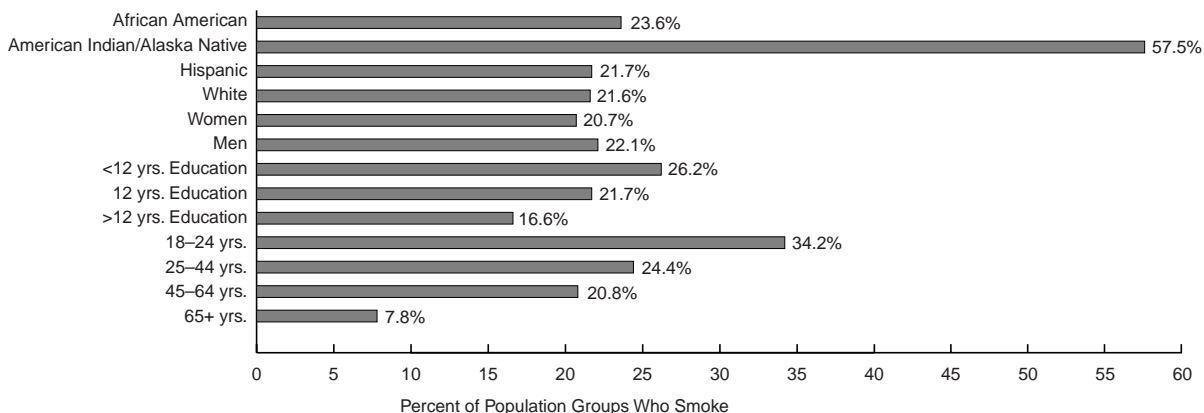
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Nebraska Youth Tobacco Survey, 1999; ††Nebraska Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Nebraska is investing 65% of CDC's *Best Practices* lower estimated recommended funding and 28% of the upper estimated recommended funding. Nebraska spent \$252 per capita on smoking-attributable direct medical expenditures. In 1998, about 12% (\$105,000,000 or \$499.41 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$116,000,000
Hospital	\$104,000,000
Nursing Home	\$139,000,000
Prescription Drugs	\$39,000,000
Other	\$21,000,000
Annual Total	\$419,000,000
Annual Per Capita	\$252

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$439,000,000
Annual Per Capita	\$264

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$36,903,219
Gross cigarette tax revenue collected in 2000	\$44,994,000
Cigarette tax per pack was \$0.34 in 2001	
Cigarette sales were 77.6 packs per capita in 2000	

Investment in Tobacco Control

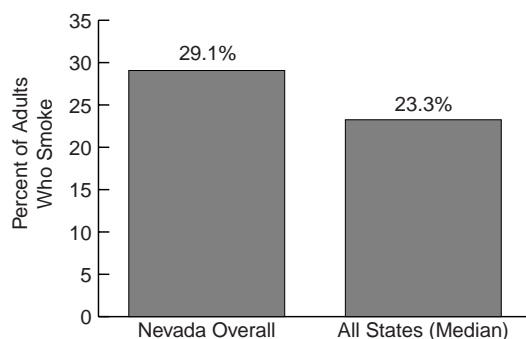
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$7,000,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$7,000,000	
Federal—CDC Office on Smoking and Health	\$1,347,138	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$296,098	6/01–5/02
Subtotal: Federal/National Sources	\$1,643,236	
FY02 Total Investment in Tobacco Control		\$8,643,236
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$13,308,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$31,041,000
FY02 Per Capita Investment in Tobacco Control		\$5.01

Health Impacts

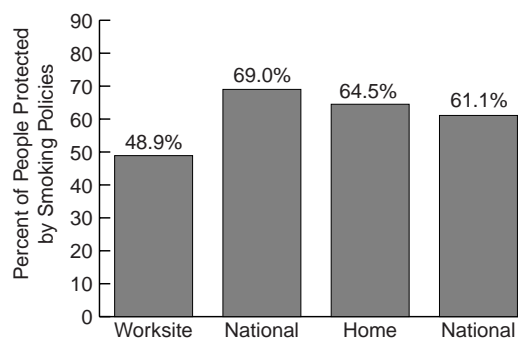
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>	<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>
Overall	3,359	State Lung Cancer	113.0/100,000
Men	1,910	All States	90.2/100,000
Women	1,449	State CHD*	82.7/100,000
Death Rate	414.3/100,000	All States	59.7/100,000
All States	295.5/100,000	State COPD†	107.4/100,000
		All States	59.7/100,000
		Overall	56,725
		Projected Death Rate	11,084/100,000
		Projected All States	8,830/100,000

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>		<i>GRADES 9-12</i>	
Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	28.0%	34.5%
NV†	n/a	32.6%	39.9%
Boys†	n/a	32.4%	44.6%
Girls†	n/a	32.5%	34.5%

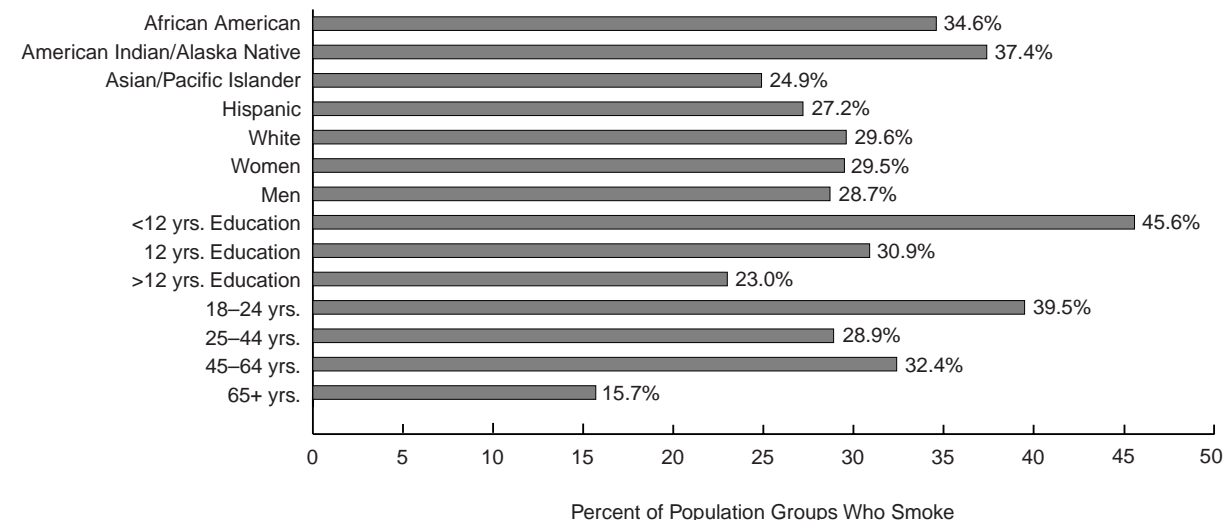
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Nevada Youth Risk Behavior Survey, 1999.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Nevada is investing 38% of CDC's *Best Practices* lower estimated recommended funding and 16% of the upper estimated recommended funding. Nevada spent \$253 per capita on smoking-attributable direct medical expenditures. In 1998, about 19% (\$96,000,000 or \$748.56 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$199,000,000
Hospital	\$113,000,000
Nursing Home	\$43,000,000
Prescription Drugs	\$41,000,000
Other	\$45,000,000
Annual Total	\$441,000,000
Annual Per Capita	\$253

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$762,000,000
Annual Per Capita	\$421

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$37,830,589
Gross cigarette tax revenue collected in 2000	\$61,017,000
Cigarette tax per pack was \$0.35 in 2001	
Cigarette sales were 93.2 packs per capita in 2000	

Investment in Tobacco Control

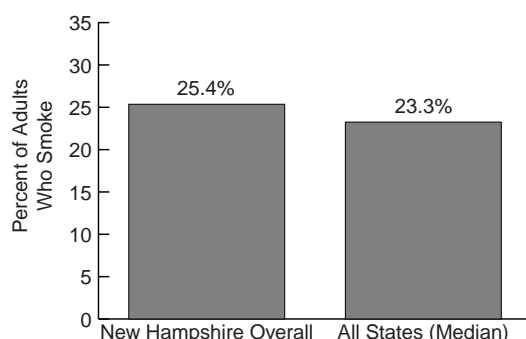
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$4,093,565	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$4,093,565	
Federal—CDC Office on Smoking and Health	\$748,437	6/01–5/02
Federal—SAMHSA	\$70,500	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$204,062	6/01–5/02
Subtotal: Federal/National Sources	\$1,022,999	
FY02 Total Investment in Tobacco Control		\$5,116,564
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$13,477,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$32,993,000
FY02 Per Capita Investment in Tobacco Control		\$2.46

Health Impacts

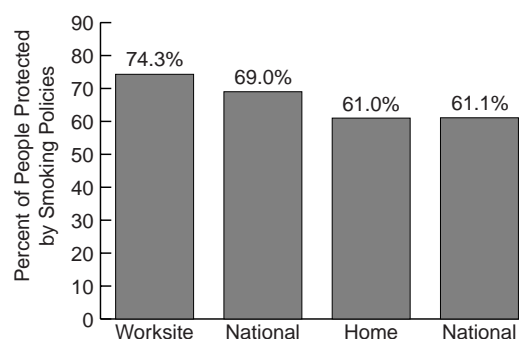
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	1,688	State Lung Cancer	92.5/100,000	Overall	34,700
Men	989	All States	90.2/100,000	Projected Death	
Women	699	State CHD*	58.4/100,000	Rate	11,209/100,000
Death Rate	291.9/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	78.7/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
NH	12.0%†	15.2%†	36.0%††	n/a
Boys	11.1%†	16.0%†	32.0%††	n/a
Girls	12.8%†	14.2%†	39.9%††	n/a

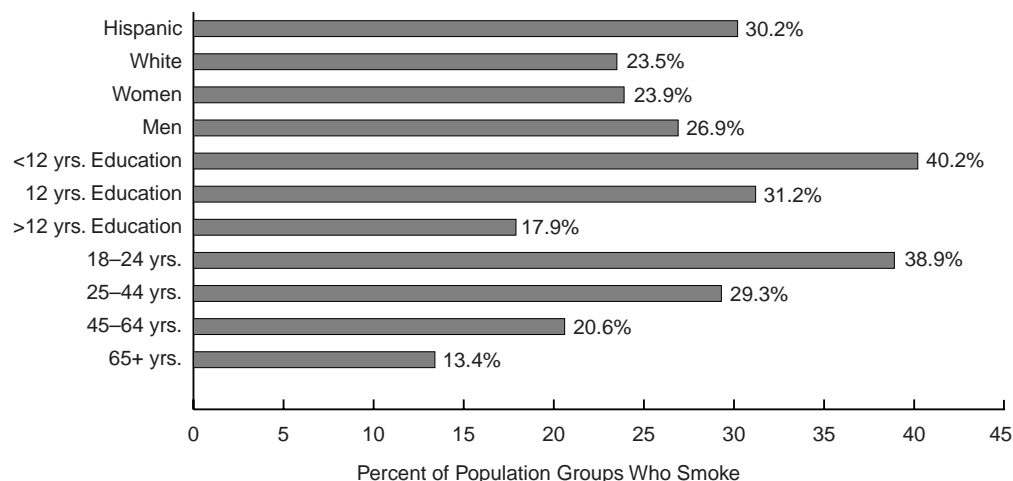
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †New Hampshire Youth Tobacco Survey, 2000; ††New Hampshire Youth Risk Behavior Survey, 1995.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

New Hampshire is investing 40% of CDC's *Best Practices* lower estimated recommended funding and 18% of the upper estimated recommended funding. New Hampshire spent \$371 per capita on smoking-attributable direct medical expenditures. In 1998, about 13% (\$90,000,000 or \$958.66 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$153,000,000
Hospital	\$90,000,000
Nursing Home	\$119,000,000
Prescription Drugs	\$37,000,000
Other	\$41,000,000
Annual Total	\$440,000,000
Annual Per Capita	\$371

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$339,000,000
Annual Per Capita	\$282

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$43,303,862
Gross cigarette tax revenue collected in 2000	\$93,588,000
Cigarette tax per pack was \$0.52 in 2001	
Cigarette sales were 147.3 packs per capita in 2000	

Investment in Tobacco Control

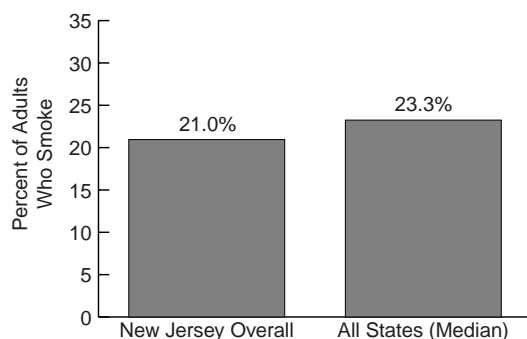
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$3,000,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$3,000,000	
Federal—CDC Office on Smoking and Health	\$991,588	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$414,957	6/01–5/02
Subtotal: Federal/National Sources	\$1,406,545	
FY02 Total Investment in Tobacco Control	\$4,406,545	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$10,888,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$24,766,000	
FY02 Per Capita Investment in Tobacco Control	\$3.53	

Health Impacts

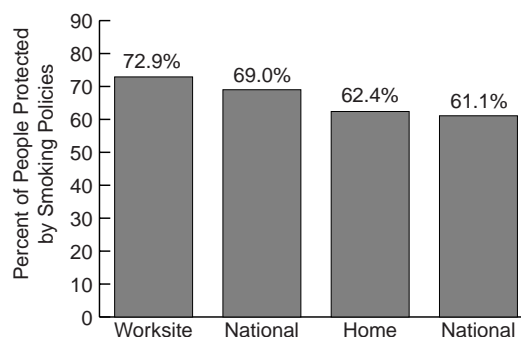
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	10,756	State Lung Cancer	80.7/100,000	Overall	168,828
Men	6,332	All States	90.2/100,000	Projected Death	
Women	4,424	State CHD*	53.5/100,000	Rate	8,087/100,000
Death Rate	243.7/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	51.1/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
NJ†	10.5%	18.9%	27.6%	38.9%
Boys†	9.9%	20.4%	26.4%	42.3%
Girls†	11.0%	17.3%	28.4%	35.0%

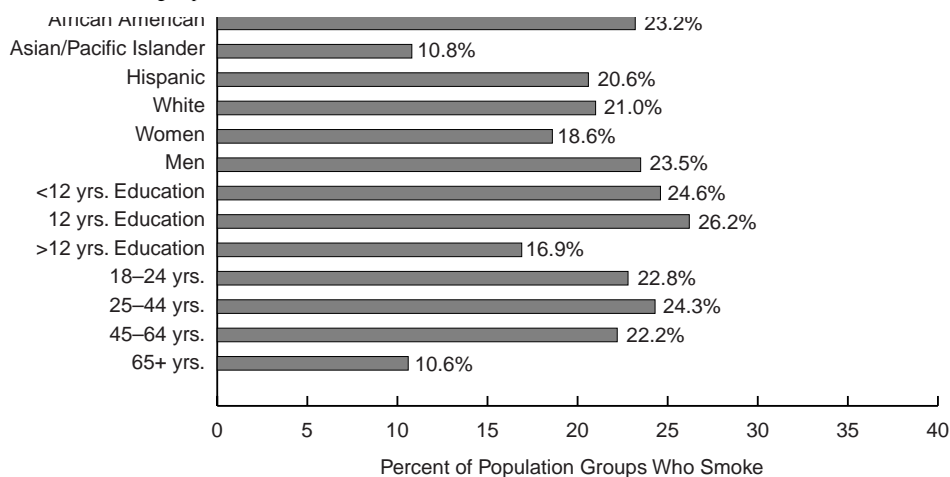
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †New Jersey Youth Tobacco Survey, 1999.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

New Jersey is investing 72% of CDC's *Best Practices* lower estimated recommended funding and 27% of the upper estimated recommended funding. New Jersey spent \$306 per capita on smoking-attributable direct medical expenditures. In 1998, about 16% (\$755,000,000 or \$928.76 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$854,000,000
Hospital	\$497,000,000
Nursing Home	\$712,000,000
Prescription Drugs	\$255,000,000
Other	\$163,000,000
Annual Total	\$2,481,000,000
Annual Per Capita	\$306

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$2,226,000,000
Annual Per Capita	\$273

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$239,846,695
Gross cigarette tax revenue collected in 2000	\$393,179,000
Cigarette tax per pack was \$0.80 in 2001	
Cigarette sales were 60.1 packs per capita in 2000	

Investment in Tobacco Control

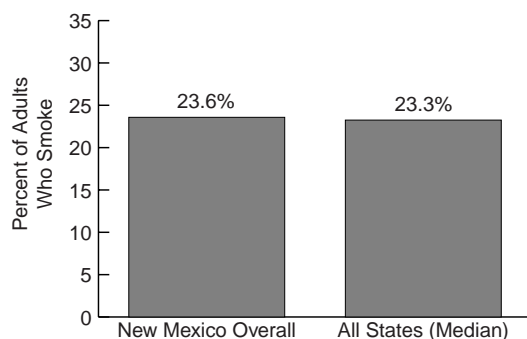
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$30,000,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$30,000,000	
Federal—CDC Office on Smoking and Health	\$1,257,351	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$757,118	10/00–9/01
Non-Government Source—RWJF/AMA	\$447,197	3/01–2/02
Subtotal: Federal/National Sources	\$2,461,666	
FY02 Total Investment in Tobacco Control		\$32,461,666
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$45,073,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$121,328,000
FY02 Per Capita Investment in Tobacco Control		\$3.83

Health Impacts

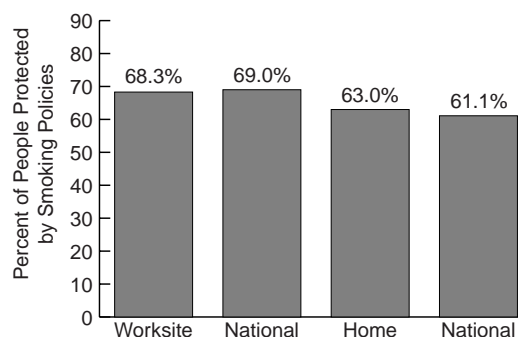
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	2,109	State Lung Cancer	62.8/100,000	Overall	44,564
Men	1,302	All States	90.2/100,000	Projected Death	
Women	807	State CHD*	55.2/100,000	Rate	8,763/100,000
Death Rate	264.7/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	82.3/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
NM†	n/a	n/a	30.1%	n/a
Boys†	n/a	n/a	n/a	n/a
Girls†	n/a	n/a	n/a	n/a

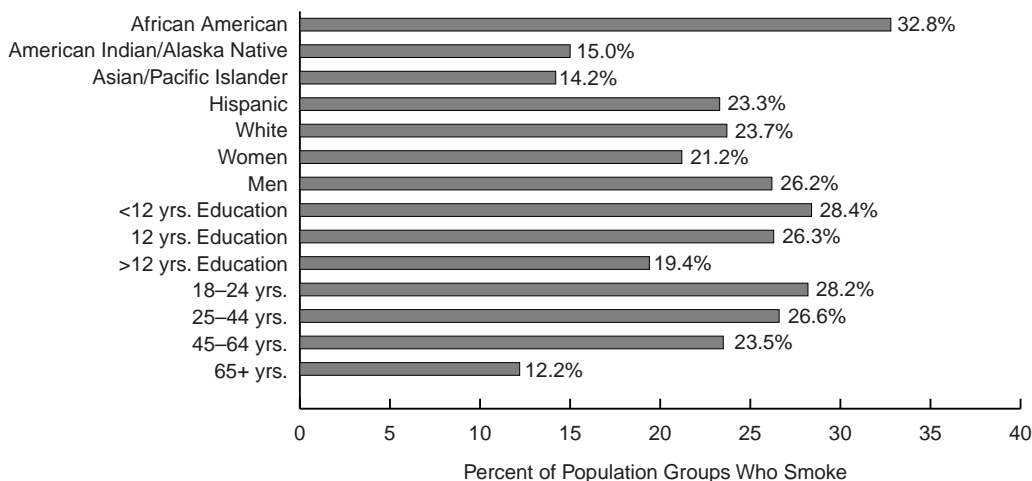
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †New Mexico Youth Risk Behavior Survey, 1991.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

New Mexico is investing 51% of CDC's *Best Practices* lower estimated recommended funding and 22% of the upper estimated recommended funding. New Mexico spent \$208 per capita on smoking-attributable direct medical expenditures. In 1998, about 15% (\$144,000,000 or \$436.51 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$135,000,000
Hospital	\$103,000,000
Nursing Home	\$58,000,000
Prescription Drugs	\$29,000,000
Other	\$35,000,000
Annual Total	\$360,000,000
Annual Per Capita	\$208

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$397,000,000
Annual Per Capita	\$228

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$36,989,850
Gross cigarette tax revenue collected in 2000	\$21,007,000
Cigarette tax per pack was \$0.21 in 2001	
Cigarette sales were 53.8 packs per capita in 2000	

Investment in Tobacco Control

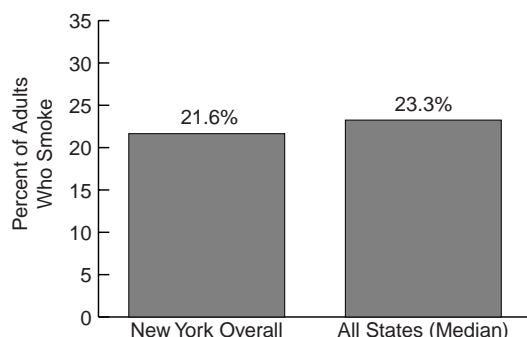
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$5,000,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$5,000,000	
Federal—CDC Office on Smoking and Health	\$1,181,300	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$460,229	10/00–9/01
Non-Government Source—RWJF/AMA	\$293,480	6/01–5/02
Subtotal: Federal/National Sources	\$1,935,009	
FY02 Total Investment in Tobacco Control		\$6,935,009
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$13,711,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$31,947,000
FY02 Per Capita Investment in Tobacco Control		\$3.75

Health Impacts

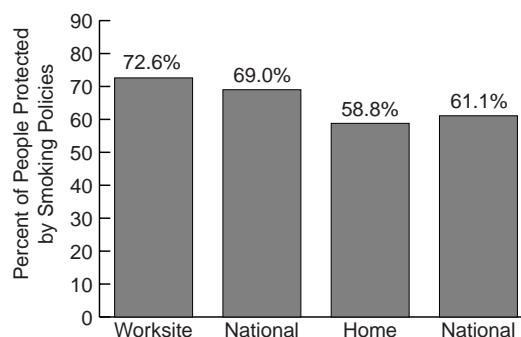
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	24,572	State Lung Cancer	76.7/100,000	Overall	438,769
Men	13,439	All States	90.2/100,000	Projected Death	
Women	11,133	State CHD*	66.7/100,000	Rate	9,355/100,000
Death Rate	252.1/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	51.5/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
NY†	9.3%	11.8%	26.8%	32.8%
Boys†	9.8%	13.5%	24.8%	34.2%
Girls†	8.8%	9.9%	29.2%	30.9%

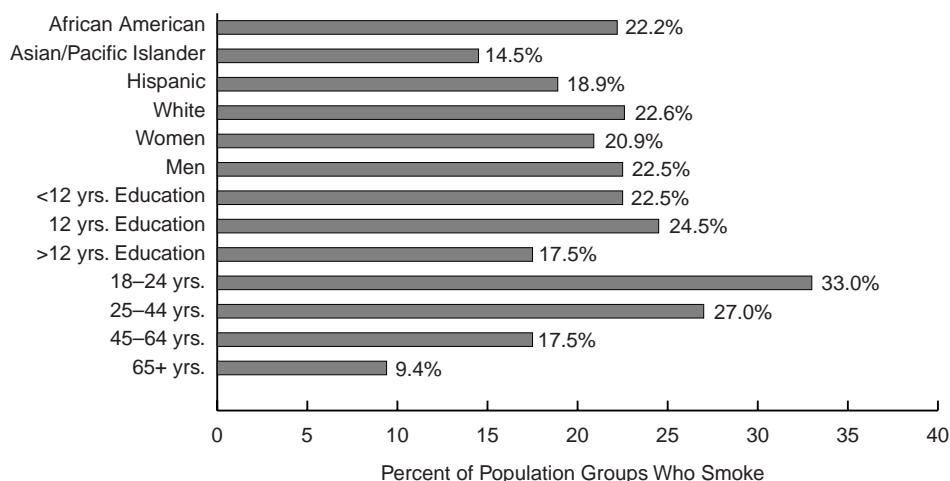
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †New York Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

New York is investing 49% of CDC's *Best Practices* lower estimated recommended funding and 17% of the upper estimated recommended funding. New York spent \$351 per capita on smoking-attributable direct medical expenditures. In 1998, about 16% (\$4,271,000,000 or \$1,389.77 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$1,767,000,000
Hospital	\$1,296,000,000
Nursing Home	\$2,230,000,000
Prescription Drugs	\$494,000,000
Other	\$592,000,000
Annual Total	\$6,379,000,000
Annual Per Capita	\$351

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$5,303,000,000
Annual Per Capita	\$291

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$754,339,700
Gross cigarette tax revenue collected in 2000	\$738,115,000
Cigarette tax per pack was \$1.11 in 2001 and increased to \$1.50 effective April 2002	
Cigarette sales were 57.8 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$42,500,000	4/01–3/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$42,500,000	
Federal—CDC Office on Smoking and Health	\$1,999,998	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$1,529,984	10/00–9/01
Non-Government Source—RWJF/AMA	\$450,016	6/01–5/02
Subtotal: Federal/National Sources	\$3,979,998	
FY02 Total Investment in Tobacco Control	\$46,479,998	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$95,830,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$269,296,000	
FY02 Per Capita Investment in Tobacco Control	\$2.44	

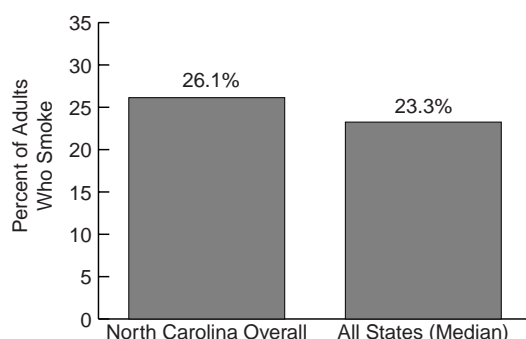
*An additional \$2,000,000 is appropriated to the Department of Health for administrative costs for cancer and tobacco control programs. Also, an additional \$2,000,000 was appropriated for services and expenses related to tobacco control and cancer programs. In New York State, approximately one-half of all Tobacco Settlement funds are shared with counties. These figures represent the New York State share of Tobacco Settlement appropriations and do not include settlement funds appropriated by counties for tobacco prevention and control.

Health Impacts

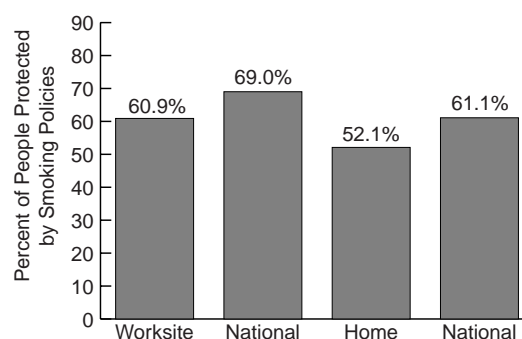
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	11,511	State Lung Cancer	96.6/100,000	Overall	210,718
Men	7,388	All States	90.2/100,000	Projected Death	
Women	4,123	State CHD*	62.4/100,000	Rate	10,718/100,000
Death Rate	301.1/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	69.8/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
NC†	15.0%	18.4%	31.6%	38.3%
Boys†	16.0%	21.0%	33.4%	44.0%
Girls†	14.0%	15.7%	29.7%	32.4%

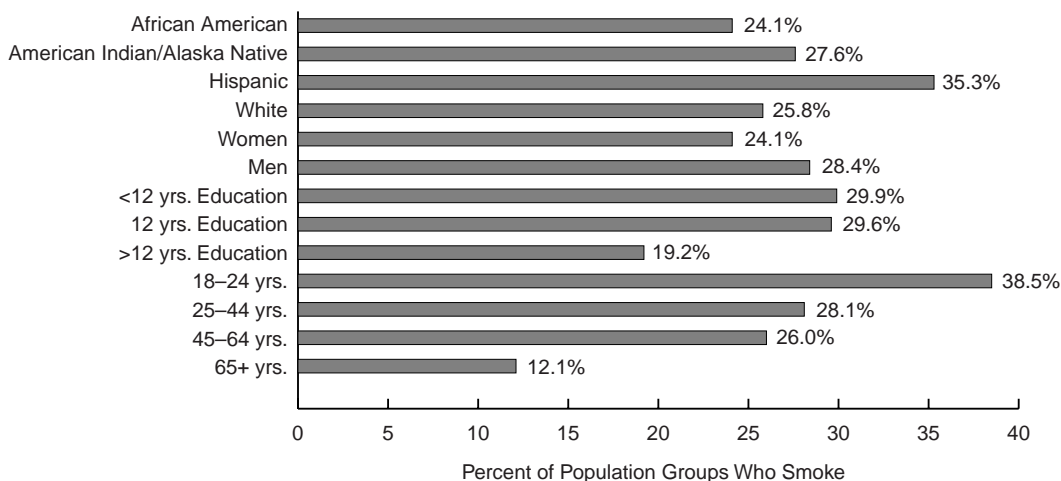
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †North Carolina Youth Tobacco Survey, 1999.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

North Carolina is investing 9% of CDC's *Best Practices* lower estimated recommended funding and 3% of the upper estimated recommended funding. North Carolina spent \$255 per capita on smoking-attributable direct medical expenditures. In 1998, about 13% (\$600,000,000 or \$513.30 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$646,000,000
Hospital	\$478,000,000
Nursing Home	\$491,000,000
Prescription Drugs	\$161,000,000
Other	\$147,000,000
Annual Total	\$1,923,000,000
Annual Per Capita	\$255

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$2,829,000,000
Annual Per Capita	\$370

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$142,728,818
Gross cigarette tax revenue collected in 2000	\$42,378,000
Cigarette tax per pack was \$0.05 in 2001	
Cigarette sales were 109.0 packs per capita in 2000	

Investment in Tobacco Control

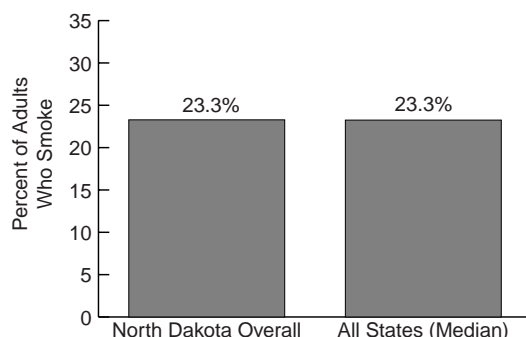
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$0	
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$650,000	7/01–6/02
Subtotal: State Appropriation	\$650,000	
Federal—CDC Office on Smoking and Health	\$1,848,922	6/01–5/02
Federal—SAMHSA	\$208,961	10/01–9/02
Non-Government Source—American Legacy Foundation	\$1,141,057	10/00–9/01
Non-Government Source—RWJF/AMA	\$0	
Subtotal: Federal/National Sources	\$3,198,940	
FY02 Total Investment in Tobacco Control	\$3,848,940	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$42,591,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$118,626,000	
FY02 Per Capita Investment in Tobacco Control	\$0.47	

Health Impacts

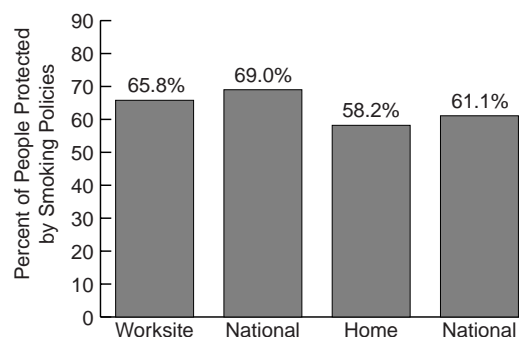
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	855	State Lung Cancer	64.1/100,000	Overall	15,638
Men	593	All States	90.2/100,000	Projected Death	
Women	262	State CHD*	53.1/100,000	Rate	9,722/100,000
Death Rate	227.7/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	50.9/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
ND†	n/a	n/a	40.6%	n/a
Boys†	n/a	n/a	40.2%	n/a
Girls†	n/a	n/a	41.0%	n/a

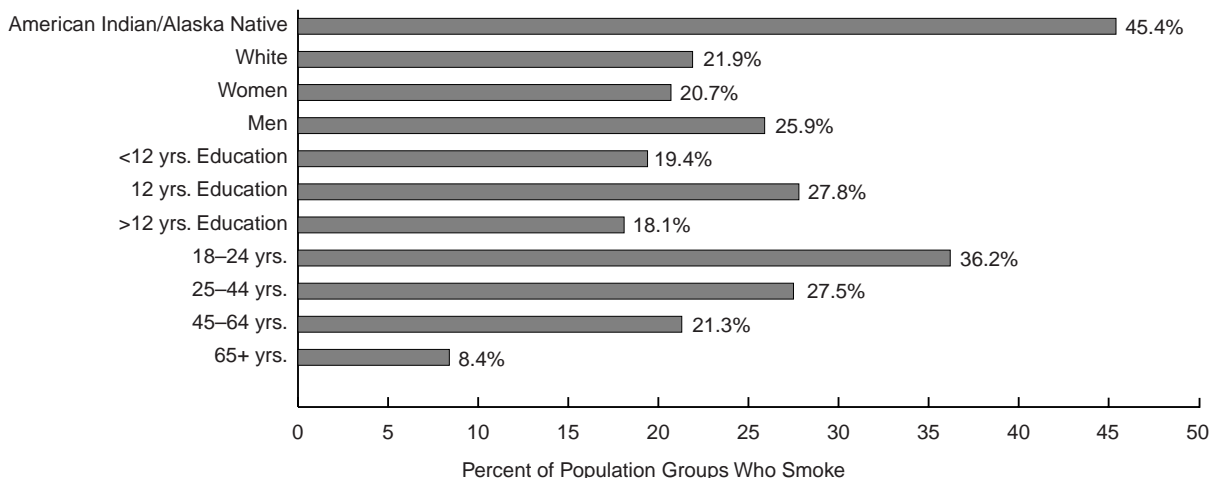
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †North Dakota Youth Risk Behavior Survey, 1999.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

North Dakota is investing 41% of CDC's *Best Practices* lower estimated recommended funding and 20% of the upper estimated recommended funding. North Dakota spent \$303 per capita on smoking-attributable direct medical expenditures. In 1998, about 11% (\$37,000,000 or \$604.68 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$54,000,000
Hospital	\$56,000,000
Nursing Home	\$61,000,000
Prescription Drugs	\$13,000,000
Other	\$9,000,000
Annual Total	\$193,000,000
Annual Per Capita	\$303

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$158,000,000
Annual Per Capita	\$249

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$22,701,724
Gross cigarette tax revenue collected in 2000	\$21,132,000
Cigarette tax per pack was \$0.44 in 2001	
Cigarette sales were 72.5 packs per capita in 2000	

Investment in Tobacco Control

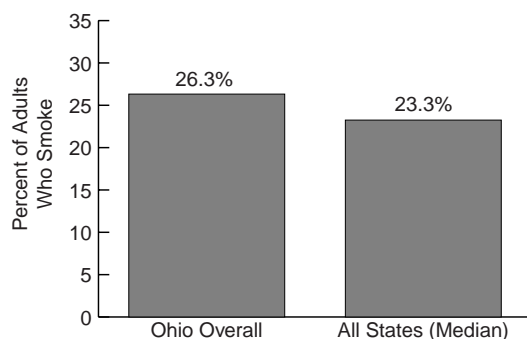
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$2,055,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$2,055,000	
Federal—CDC Office on Smoking and Health	\$1,099,997	6/01–5/02
Federal—SAMHSA	\$30,537	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$200,000	6/01–5/02
Subtotal: Federal/National Sources	\$1,330,534	
FY02 Total Investment in Tobacco Control		\$3,385,534
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$8,161,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$16,547,000
FY02 Per Capita Investment in Tobacco Control		\$5.27

Health Impacts

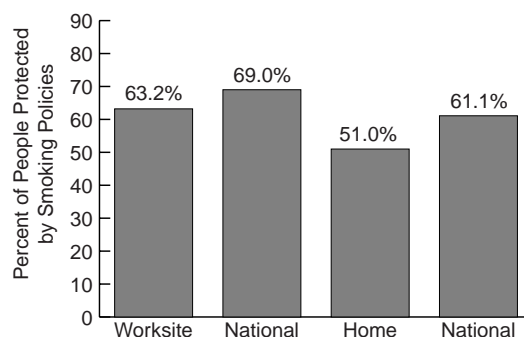
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	18,953	State Lung Cancer	97.6/100,000	Overall	314,717
Men	11,077	All States	90.2/100,000	Projected Death	
Women	7,892	State CHD*	70.4/100,000	Rate	10,896/100,000
Death Rate	317.6/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	74.2/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
OH†	13.7%	18.7%	33.4%	41.1%
Boys†	14.7%	22.0%	33.0%	45.6%
Girls†	12.7%	15.2%	33.7%	35.9%

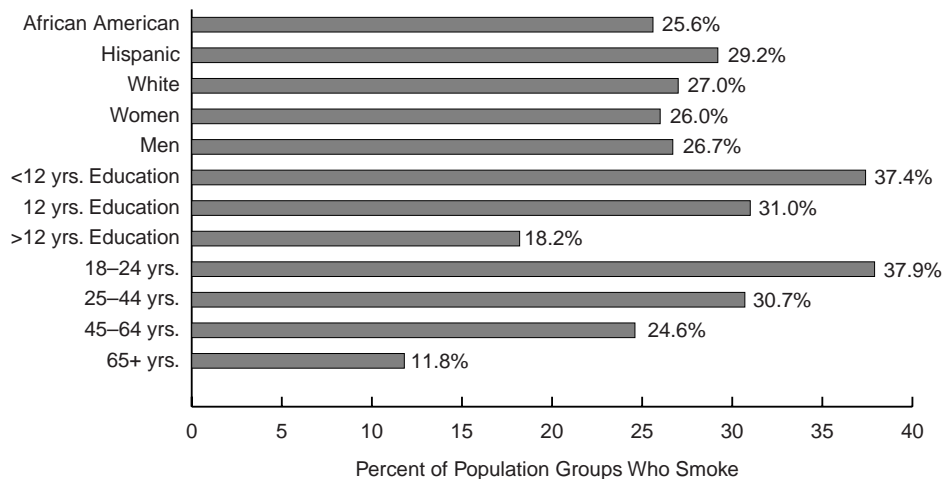
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Ohio Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Ohio is investing 197% of CDC's *Best Practices* lower estimated recommended funding and 70% the upper estimated recommended funding. Ohio spent \$304 per capita on smoking-attributable direct medical expenditures. In 1998, about 17% (\$1,113,000,000 or \$862.47 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$1,030,000,000
Hospital	\$808,000,000
Nursing Home	\$1,113,000,000
Prescription Drugs	\$274,000,000
Other	\$191,000,000
Annual Total	\$3,416,000,000
Annual Per Capita	\$304

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$4,146,000,000
Annual Per Capita	\$368

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$312,446,299
Gross cigarette tax revenue collected in 2000	\$271,260,000
Cigarette tax per pack was \$0.24 in 2001	
Cigarette sales were 99.9 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$119,578,148	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$119,578,148	
Federal—CDC Office on Smoking and Health	\$1,525,232	6/01–5/02
Federal—SAMHSA	\$82,950	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$444,658	3/01–2/02
Subtotal: Federal/National Sources	\$2,052,840	
FY02 Total Investment in Tobacco Control	\$121,630,988	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$61,735,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$173,676,000	
FY02 Per Capita Investment in Tobacco Control	\$10.67	

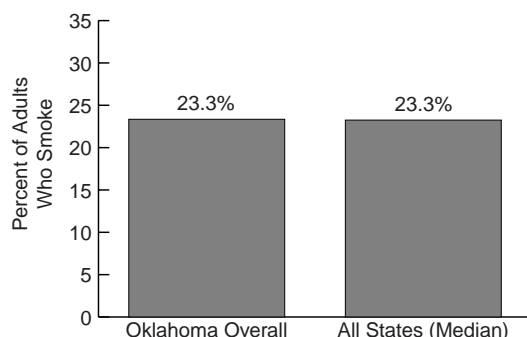
*The amount reflected above is disbursed to an endowment fund where the funds will be used by the Foundation for tobacco use reduction program. The Foundation may, but is not required to, treat these funds as an endowment. An additional \$636,000 will be expended by the Department of Public Safety to enforce underage-use laws in establishments with liquor stores. Also, an additional \$579,323 will go to the Department of Health to provide emergency medications and oxygen to low-income seniors adversely affected by tobacco.

Health Impacts

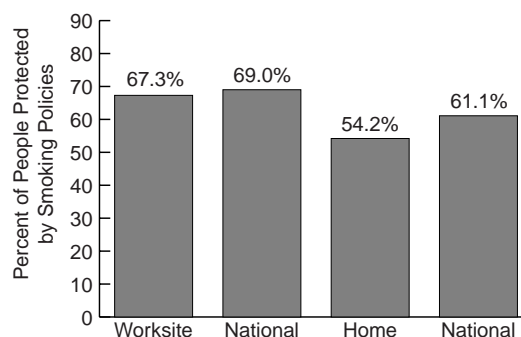
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	5,781	State Lung Cancer	98.4/100,000	Overall	77,943
Men	3,589	All States	90.2/100,000	Projected Death	
Women	2,192	State CHD*	75.3/100,000	Rate	8,734/100,000
Death Rate	320.1/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	71.3/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
OK†	16.9%	21.0%	33.0%	42.0%
Boys†	17.9%	23.8%	31.8%	47.3%
Girls†	15.8%	17.8%	34.0%	36.4%

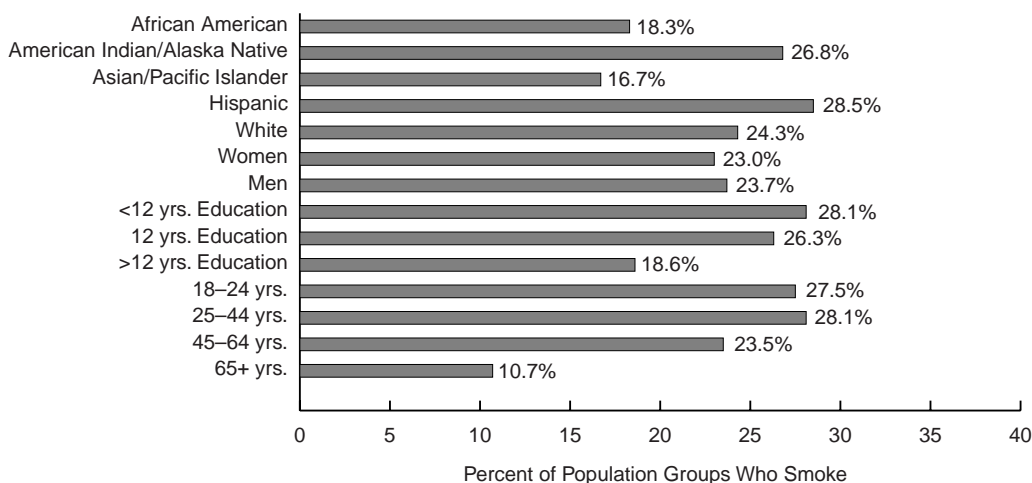
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Oklahoma Youth Tobacco Survey, 1999.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Oklahoma is investing 17% of CDC's *Best Practices* lower estimated recommended funding and 7% of the upper estimated recommended funding. Oklahoma spent \$272 per capita on smoking-attributable direct medical expenditures. In 1998, about 13% (\$170,000,000 or \$498.01 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$290,000,000
Hospital	\$230,000,000
Nursing Home	\$232,000,000
Prescription Drugs	\$80,000,000
Other	\$75,000,000
Annual Total	\$907,000,000
Annual Per Capita	\$272

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$1,334,000,000
Annual Per Capita	\$397

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$64,265,818
Gross cigarette tax revenue collected in 2000	\$63,926,000
Cigarette tax per pack was \$0.23 in 2001	
Cigarette sales were 108.9 packs per capita in 2000	

Investment in Tobacco Control

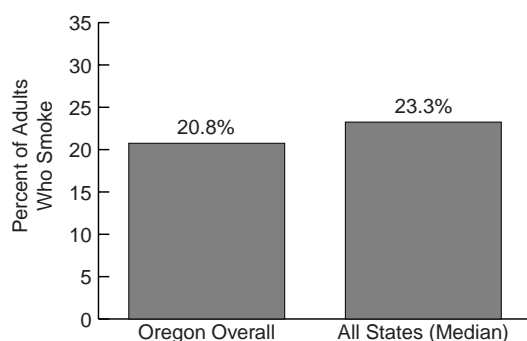
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$1,750,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$1,750,000	
Federal—CDC Office on Smoking and Health	\$1,299,907	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$750,000	10/00–9/01
Non-Government Source—RWJF/AMA	\$0	
Subtotal: Federal/National Sources	\$2,049,907	
FY02 Total Investment in Tobacco Control		\$3,799,907
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$21,825,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$56,310,000
FY02 Per Capita Investment in Tobacco Control		\$1.09

Health Impacts

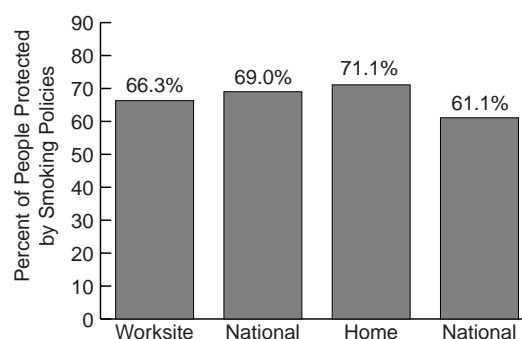
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	4,986	State Lung Cancer	85.7/100,000	Overall	73,132
Men	2,991	All States	90.2/100,000	Projected Death	
Women	1,995	State CHD*	47.2/100,000	Rate	8,639/100,000
Death Rate	278.6/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	74.3/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
OR	n/a	n/a	n/a	n/a
Boys	n/a	n/a	n/a	n/a
Girls	n/a	n/a	n/a	n/a

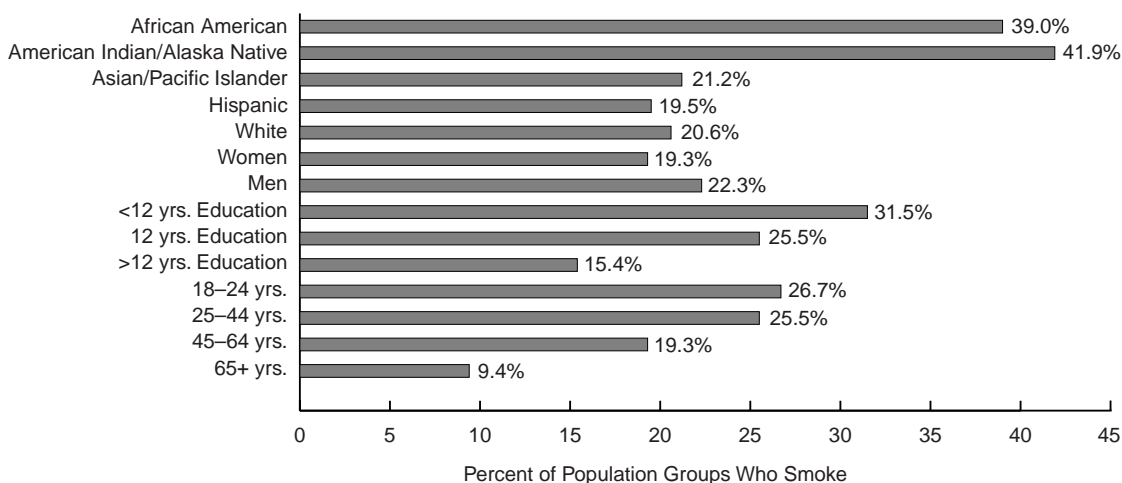
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Source: *National Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Oregon is investing 62% of CDC's *Best Practices* lower estimated recommended funding and 25% of the upper estimated recommended funding. Oregon spent \$265 per capita on smoking-attributable direct medical expenditures. In 1998, about 13% (\$224,000,000 or \$438.97 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$328,000,000
Hospital	\$182,000,000
Nursing Home	\$208,000,000
Prescription Drugs	\$74,000,000
Other	\$79,000,000
Annual Total	\$871,000,000
Annual Per Capita	\$265

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$908,000,000
Annual Per Capita	\$274

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$68,264,932
Gross cigarette tax revenue collected in 2000	\$166,359,000
Cigarette tax per pack was \$0.68 in 2001	
Cigarette sales were 72.0 packs per capita in 2000	

Investment in Tobacco Control

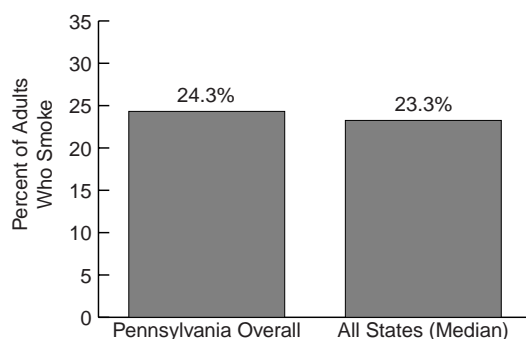
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$2,500,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$9,086,500	7/01–6/02
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$11,586,500	
Federal—CDC Office on Smoking and Health	\$1,112,463	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$353,453	6/01–5/02
Subtotal: Federal/National Sources	\$1,465,916	
FY02 Total Investment in Tobacco Control		\$13,052,416
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$21,131,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$52,840,000
FY02 Per Capita Investment in Tobacco Control		\$3.75

Health Impacts

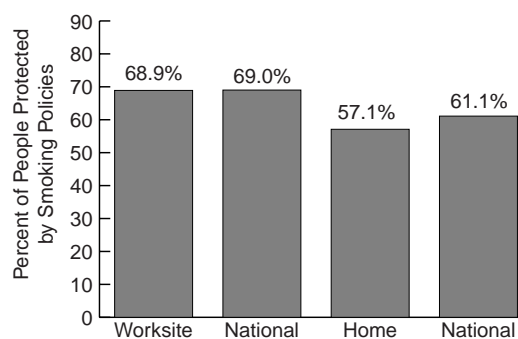
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	19,798	State Lung Cancer	85.3/100,000	Overall	311,074
Men	12,045	All States	90.2/100,000	Projected Death	
Women	7,753	State CHD*	59.1/100,000	Rate	10,645/100,000
Death Rate	270.2/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	59.7/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
PA†	13.1%	17.0%	27.6%	34.0%
Boys†	13.4%	19.3%	26.9%	36.8%
Girls†	12.7%	14.4%	28.3%	31.0%

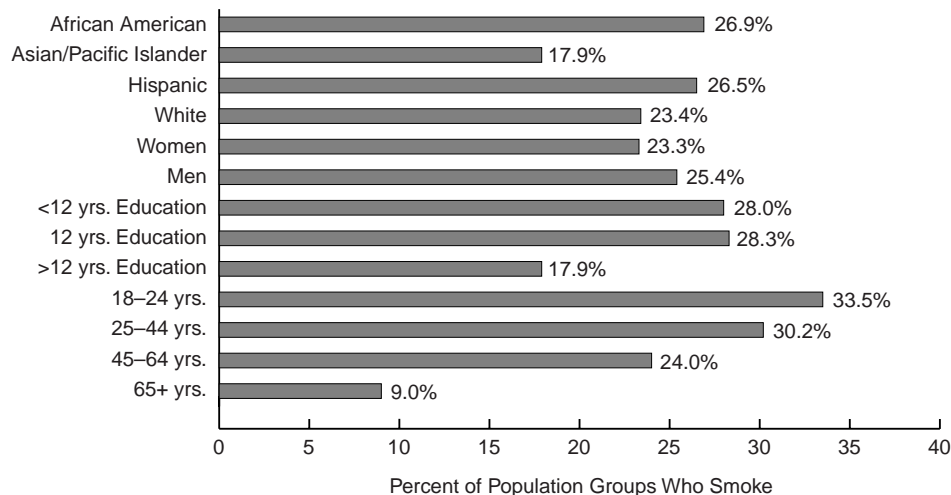
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Pennsylvania Youth Tobacco Survey, 2001.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Pennsylvania is investing 66% of CDC's *Best Practices* lower estimated recommended funding and 23% of the upper estimated recommended funding. Pennsylvania spent \$338 per capita on smoking-attributable direct medical expenditures. In 1998, about 16% (\$1,335,000,000 or \$876.33 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$1,231,000,000
Hospital	\$918,000,000
Nursing Home	\$1,311,000,000
Prescription Drugs	\$363,000,000
Other	\$231,000,000
Annual Total	\$4,054,000,000
Annual Per Capita	\$338

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$3,941,000,000
Annual Per Capita	\$329

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$341,834,697
Gross cigarette tax revenue collected in 2000	\$333,665,000
Cigarette tax per pack was \$0.31 in 2001	
Cigarette sales were 87.9 packs per capita in 2000	

Investment in Tobacco Control

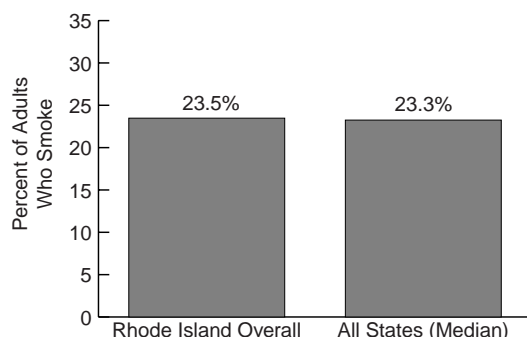
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$41,402,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$41,402,000	
Federal—CDC Office on Smoking and Health	\$1,260,000	6/01–5/02
Federal—SAMHSA	\$300,000	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$200,000	6/01–5/02
Subtotal: Federal/National Sources	\$1,760,000	
FY02 Total Investment in Tobacco Control		\$43,162,000
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$65,568,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$184,759,000
FY02 Per Capita Investment in Tobacco Control		\$3.50

Health Impacts

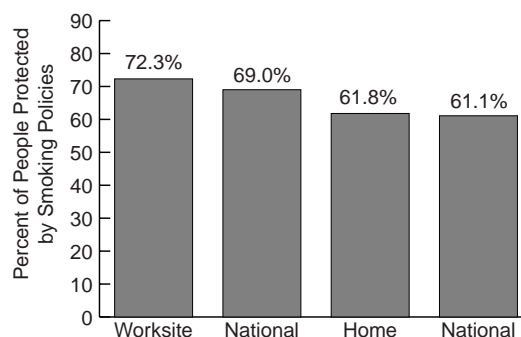
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	1,704	State Lung Cancer	97.2/100,000	Overall	23,875
Men	942	All States	90.2/100,000	Projected Death	
Women	763	State CHD*	69.2/100,000	Rate	9,634/100,000
Death Rate	283.2/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	60.6/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
RI†	9.1%	13.2%	26.0%	32.1%
Boys†	7.3%	12.4%	26.9%	36.0%
Girls†	10.8%	13.6%	25.2%	27.8%

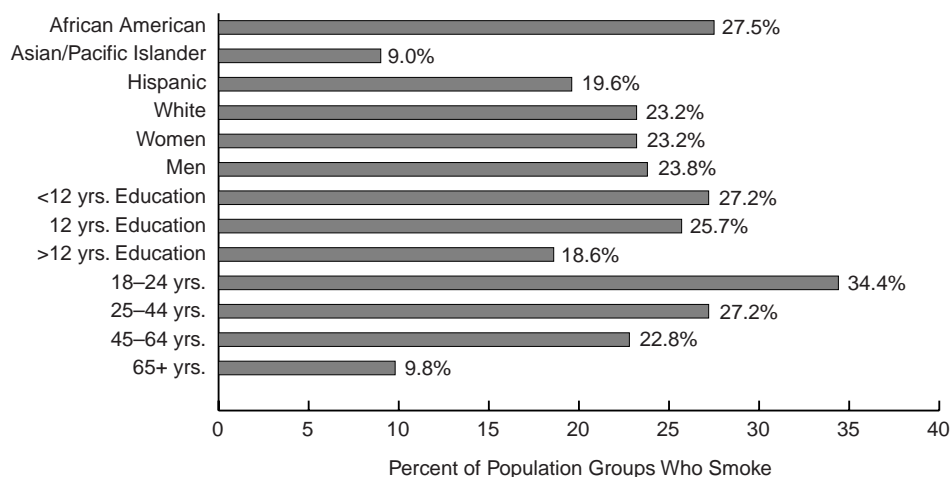
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Rhode Island Youth Tobacco Survey, 2001.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Rhode Island is investing 46% of CDC's *Best Practices* lower estimated recommended funding and 21% of the upper estimated recommended funding. Rhode Island spent \$400 per capita on smoking-attributable direct medical expenditures. In 1998, about 15% (\$140,000,000 or \$912.01 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$111,000,000
Hospital	\$90,000,000
Nursing Home	\$119,000,000
Prescription Drugs	\$33,000,000
Other	\$42,000,000
Annual Total	\$395,000,000
Annual Per Capita	\$400

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$283,000,000
Annual Per Capita	\$286

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$44,589,359
Gross cigarette tax revenue collected in 2000	\$58,788,000
Cigarette tax per pack was \$1.00 in 2001	
Cigarette sales were 83.1 packs per capita in 2000	

Investment in Tobacco Control

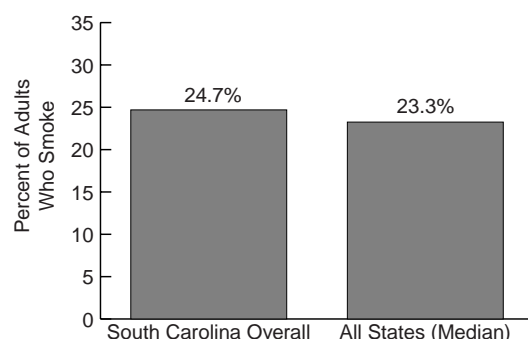
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$0	
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$3,000,000	7/01–6/02
Subtotal: State Appropriation	\$3,000,000	
Federal—CDC Office on Smoking and Health	\$1,100,000	6/01–5/02
Federal—SAMHSA	\$200,000	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$199,819	6/01–5/02
Subtotal: Federal/National Sources	\$1,499,819	
FY02 Total Investment in Tobacco Control	\$4,499,819	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$9,888,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$21,908,000	
FY02 Per Capita Investment in Tobacco Control	\$4.27	

Health Impacts

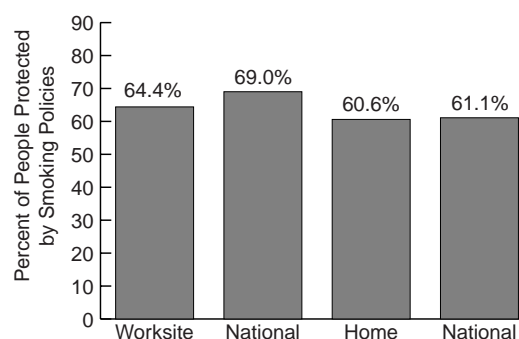
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>	<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>
Overall	5,992	State Lung Cancer	96.5/100,000
Men	3,915	All States	90.2/100,000
Women	2,077	State CHD*	64.1/100,000
Death Rate	315.6/100,000	All States	59.7/100,000
All States	295.5/100,000	State COPD†	69.5/100,000
		All States	59.7/100,000
		Overall	90,715
		Projected Death Rate	8,985/100,000
		Projected All States	8,830/100,000

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
SC†	n/a	n/a	36.0%	41.5%
Boys†	n/a	n/a	37.7%	46.4%
Girls†	n/a	n/a	34.2%	36.8%

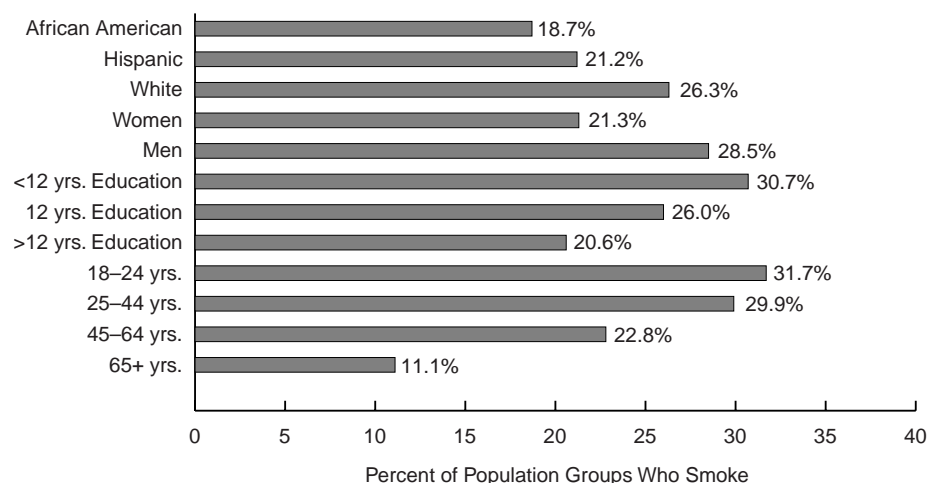
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †South Carolina Youth Risk Behavior Survey, 1999.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

South Carolina is investing 14% of CDC's *Best Practices* lower estimated recommended funding and 5% of the upper estimated recommended funding. South Carolina spent \$223 per capita on smoking-attributable direct medical expenditures. In 1998, about 14% (\$307,000,000 or \$516.11 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$283,000,000
Hospital	\$238,000,000
Nursing Home	\$182,000,000
Prescription Drugs	\$80,000,000
Other	\$72,000,000
Annual Total	\$855,000,000
Annual Per Capita	\$223

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$1,672,000,000
Annual Per Capita	\$430

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$72,961,122
Gross cigarette tax revenue collected in 2000	\$28,077,000
Cigarette tax per pack was \$0.07 in 2001	
Cigarette sales were 103.9 packs per capita in 2000	

Investment in Tobacco Control

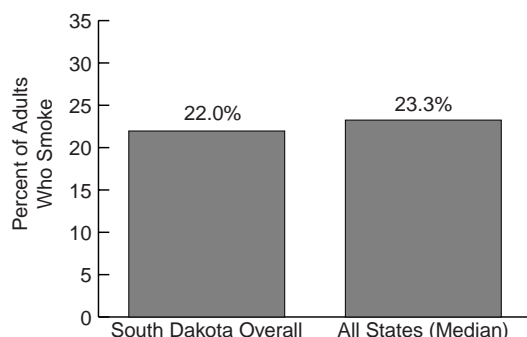
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$1,620,470	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$62,809	7/01–6/02
Subtotal: State Appropriation	\$1,683,279	
Federal—CDC Office on Smoking and Health	\$1,200,000	6/01–5/02
Federal—SAMHSA	\$190,000	10/01–9/02
Non-Government Source—American Legacy Foundation	\$175,583	10/00–9/01
Non-Government Source—RWJF/AMA	\$0	
Subtotal: Federal/National Sources	\$1,565,583	
FY02 Total Investment in Tobacco Control		\$3,248,862
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$23,905,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$62,013,000
FY02 Per Capita Investment in Tobacco Control		\$0.80

Health Impacts

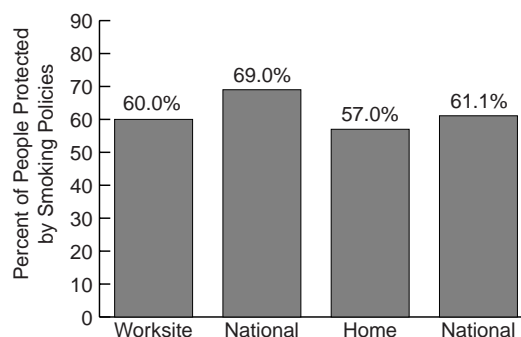
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	1,066	State Lung Cancer	70.9/100,000	Overall	20,033
Men	728	All States	90.2/100,000	Projected Death	
Women	338	State CHD*	49.1/100,000	Rate	9,886/100,000
Death Rate	230.2/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	54.3/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
SD	12.4%†	16.3%†	32.6%††	39.2%††
Boys	14.5%†	20.4%†	30.4%††	41.5%††
Girls	10.0%†	11.7%†	34.9%††	36.9%††

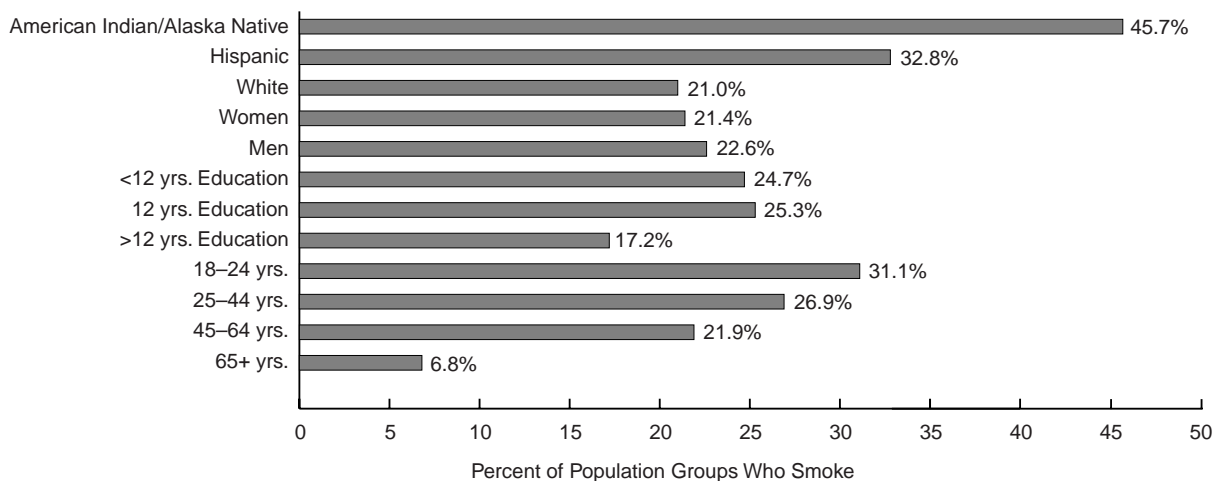
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Source: *National Youth Tobacco Survey, 2000; †South Dakota Youth Tobacco Survey, 1999; ††South Dakota Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

South Dakota is investing 52% of CDC's *Best Practices* lower estimated recommended funding and 25% of the upper estimated recommended funding. South Dakota spent \$293 per capita on smoking-attributable direct medical expenditures. In 1998, about 13% (\$45,000,000 or \$504.20 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$68,000,000
Hospital	\$58,000,000
Nursing Home	\$63,000,000
Prescription Drugs	\$14,000,000
Other	\$11,000,000
Annual Total	\$214,000,000
Annual Per Capita	\$293

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$189,000,000
Annual Per Capita	\$258

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$21,642,999
Gross cigarette tax revenue collected in 2000	\$19,251,000
Cigarette tax per pack was \$0.33 in 2001	
Cigarette sales were 75.1 packs per capita in 2000	

Investment in Tobacco Control

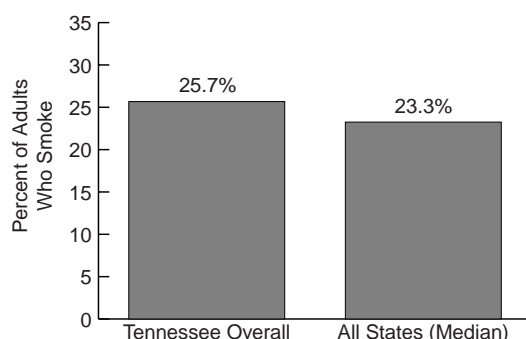
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$1,000,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$2,269,532	7/01–6/02
Subtotal: State Appropriation	\$3,269,532	
Federal—CDC Office on Smoking and Health	\$886,491	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$331,533	6/01–5/02
Subtotal: Federal/National Sources	\$1,218,024	
FY02 Total Investment in Tobacco Control		\$4,487,556
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$8,688,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$18,214,000
FY02 Per Capita Investment in Tobacco Control		\$5.90

Health Impacts

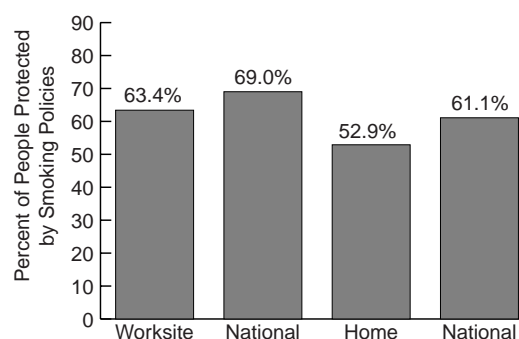
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	9,624	State Lung Cancer	110.3/100,000	Overall	124,327
Men	6,099	All States	90.2/100,000	Projected Death	
Women	3,525	State CHD*	77.3/100,000	Rate	8,890/100,000
Death Rate	346.0/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	76.9/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
TN†	16.6%	23.2%	32.4%	41.3%
Boys†	17.5%	27.0%	33.4%	47.1%
Girls†	15.6%	19.1%	31.3%	35.1%

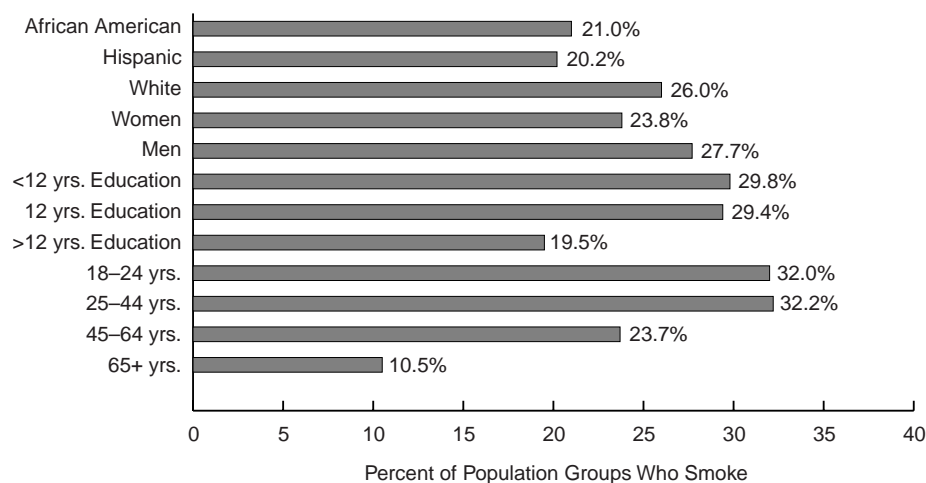
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Tennessee Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Tennessee is investing 6% of CDC's *Best Practices* lower estimated recommended funding and 2% of the upper estimated recommended funding. Tennessee spent \$311 per capita on smoking-attributable direct medical expenditures. In 1998, about 15% (\$531,000,000 or \$288.17 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$615,000,000
Hospital	\$406,000,000
Nursing Home	\$435,000,000
Prescription Drugs	\$139,000,000
Other	\$96,000,000
Annual Total	\$1,691,000,000
Annual Per Capita	\$311

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$2,440,000,000
Annual Per Capita	\$445

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$151,394,114
Gross cigarette tax revenue collected in 2000	\$79,981,000
Cigarette tax per pack was \$0.13 in 2001	
Cigarette sales were 108.7 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$0	
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$0	
Federal—CDC Office on Smoking and Health	\$1,439,207	6/01–5/02
Federal—SAMHSA	\$125,469	10/01–9/02
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$312,060	6/01–5/02
Subtotal: Federal/National Sources	\$1,876,736	
FY02 Total Investment in Tobacco Control	\$1,876,736	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$32,233,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$89,079,000	
FY02 Per Capita Investment in Tobacco Control	\$0.33	



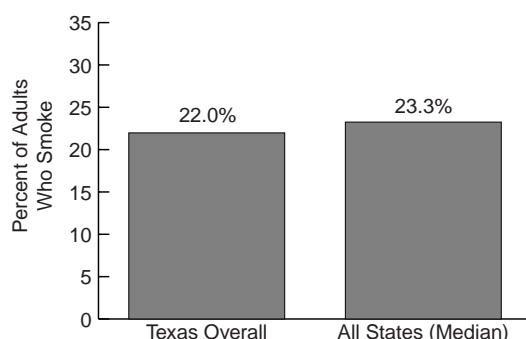
Texas

Health Impacts

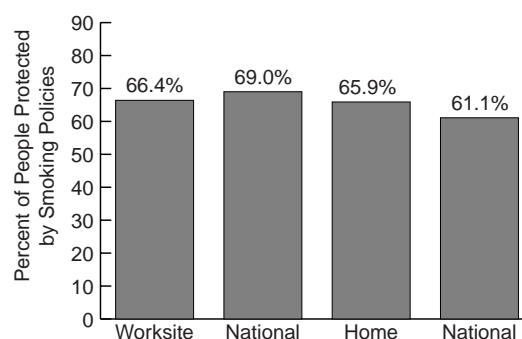
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	24,158	State Lung Cancer	87.1/100,000	Overall	486,631
Men	15,105	All States	90.2/100,000	Projected Death	
Women	9,071	State CHD*	64.1/100,000	Rate	8,267/100,000
Death Rate	288.8/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	69.9/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
TX†	13.9%	17.6%	28.1%	34.6%
Boys†	14.6%	19.8%	32.0%	41.8%
Girls†	13.2%	15.6%	23.6%	26.3%

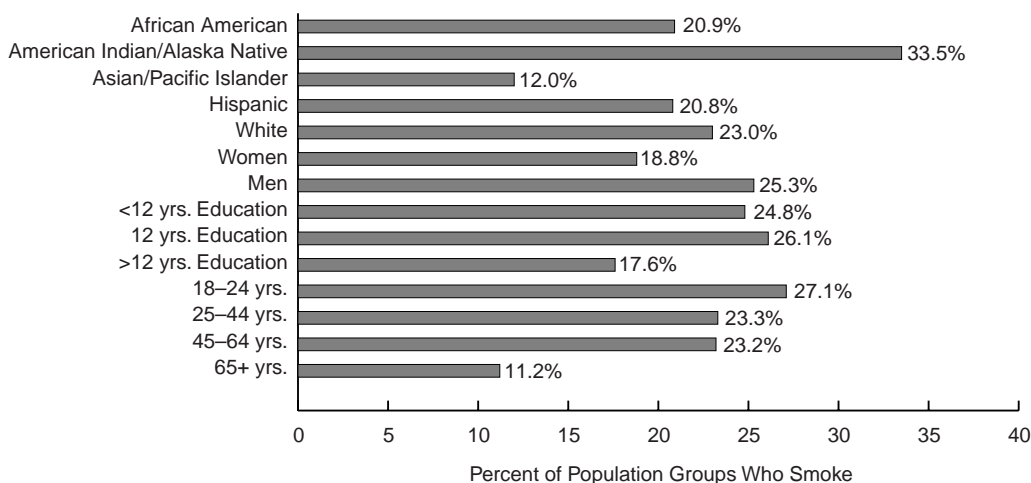
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Texas Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Texas is investing 16% of CDC's *Best Practices* lower estimated recommended funding and 6% of the upper estimated recommended funding. Texas spent \$231 per capita on smoking-attributable direct medical expenditures. In 1998, about 15% (\$1,265,000,000 or \$543.87 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$1,778,000,000
Hospital	\$1,046,000,000
Nursing Home	\$910,000,000
Prescription Drugs	\$397,000,000
Other	\$421,000,000
Annual Total	\$4,552,000,000
Annual Per Capita	\$231

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$5,540,000,000
Annual Per Capita	\$276

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$974,220,834
Gross cigarette tax revenue collected in 2000	\$536,877,000
Cigarette tax per pack was \$0.41 in 2001	
Cigarette sales were 69.3 packs per capita in 2000	

Investment in Tobacco Control

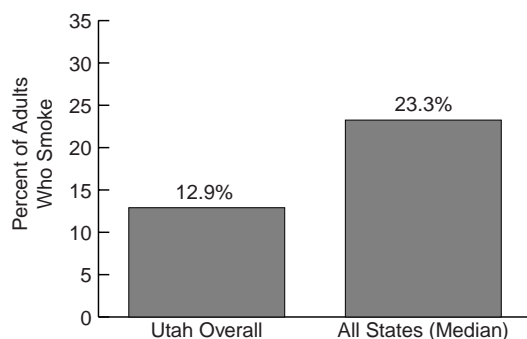
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$12,500,000	9/01–8/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$1,207,016	9/01–8/02
Subtotal: State Appropriation	\$13,707,016	
Federal—CDC Office on Smoking and Health	\$969,828	6/01–5/02
Federal—SAMHSA	\$1,560,117	10/01–9/02
Non-Government Source—American Legacy Foundation	\$172,500	10/00–9/01
Non-Government Source—RWJF/AMA	\$337,060	6/01–5/02
Subtotal: Federal/National Sources	\$3,039,505	
FY02 Total Investment in Tobacco Control	\$16,746,521	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$103,288,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$284,735,000	
FY02 Per Capita Investment in Tobacco Control	\$0.79	

Health Impacts

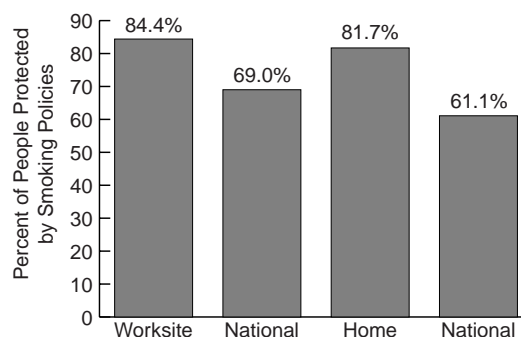
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	1,218	State Lung Cancer	38.7/100,000	Overall	38,325
Men	828	All States	90.2/100,000	Projected Death	
Women	390	State CHD*	27.2/100,000	Rate	5,333/100,000
Death Rate	159.8/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	50.4/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
UT†	n/a	n/a	11.9%	14.5%
Boys†	n/a	n/a	11.7%	16.2%
Girls†	n/a	n/a	11.8%	12.2%

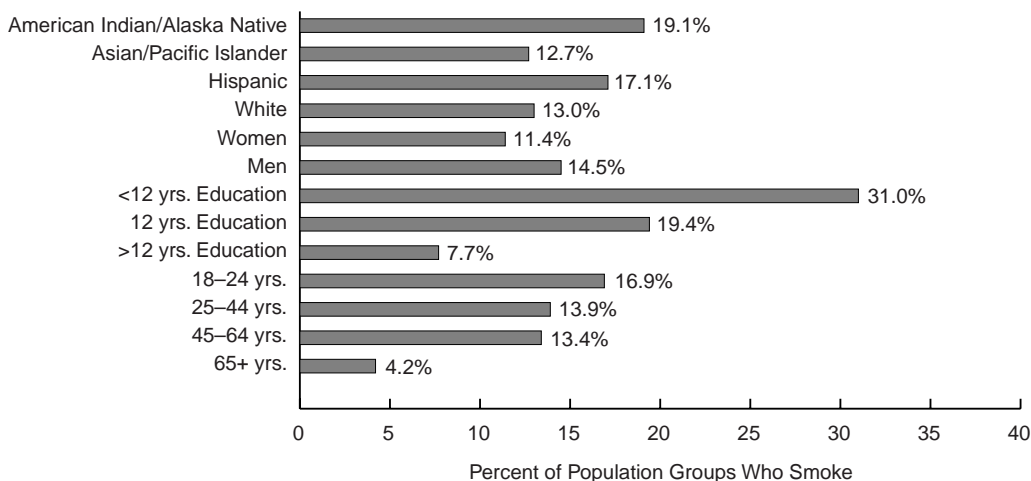
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Utah Youth Risk Behavior Survey, 1999.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Utah is investing 11% of CDC's *Best Practices* lower estimated recommended funding and 5% of the upper estimated recommended funding. Utah spent \$130 per capita on smoking-attributable direct medical expenditures. In 1998, about 12% (\$81,000,000 or \$373.05 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$106,000,000
Hospital	\$71,000,000
Nursing Home	\$46,000,000
Prescription Drugs	\$28,000,000
Other	\$22,000,000
Annual Total	\$273,000,000
Annual Per Capita	\$130

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$244,000,000
Annual Per Capita	\$115

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$27,593,646
Gross cigarette tax revenue collected in 2000	\$46,235,000
Cigarette tax per pack was \$0.515 in 2001	
Cigarette sales were 40.7 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$0	
State Appropriation—Excise Tax Revenue	\$250,000	7/01–6/02
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$250,000	
Federal—CDC Office on Smoking and Health	\$1,268,944	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation†	\$0	
Non-Government Source—RWJF/AMA	\$199,885	4/01–3/02
Subtotal: Federal/National Sources	\$1,468,829	
FY02 Total Investment in Tobacco Control		\$1,718,829
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$15,230,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$33,383,000
FY02 Per Capita Investment in Tobacco Control		\$0.75

*A total of \$4,039,800 was appropriated to the Department of Health Community and Family Services for tobacco, alcohol, and drug prevention programs. An additional \$2,000,000 may be appropriated as a supplemental for FY02 per Senate Bill 15 in the upcoming 2002 general session.

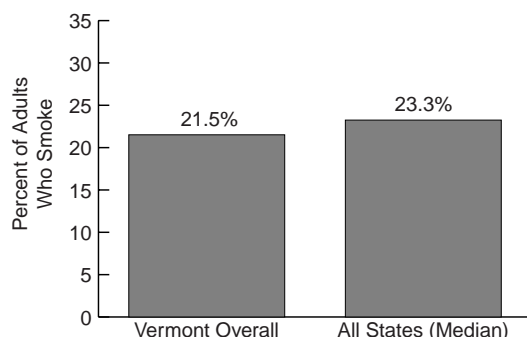
†On October 1, 2001, Utah received \$467,635 from the American Legacy Foundation.

Health Impacts

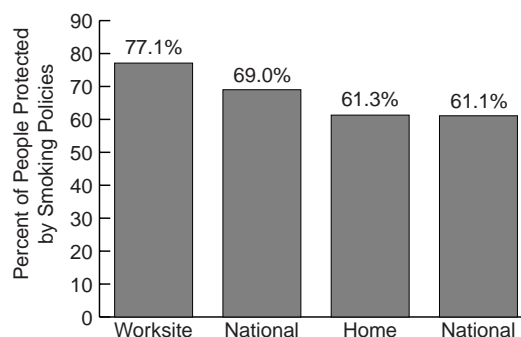
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	824	State Lung Cancer	90.2/100,000	Overall	15,801
Men	517	All States	90.2/100,000	Projected Death	
Women	309	State CHD*	49.4/100,000	Rate	10,711/100,000
Death Rate	274.3/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	75.6/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998–99



Youth Tobacco Use

<i>GRADES 6–8</i>			<i>GRADES 9–12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
VT	11.9%†	15.3%†	33.4%††	38.6%††
Boys	9.6%†	14.8%†	33.3%††	42.1%††
Girls	14.2%†	15.7%†	33.6%††	34.8%††

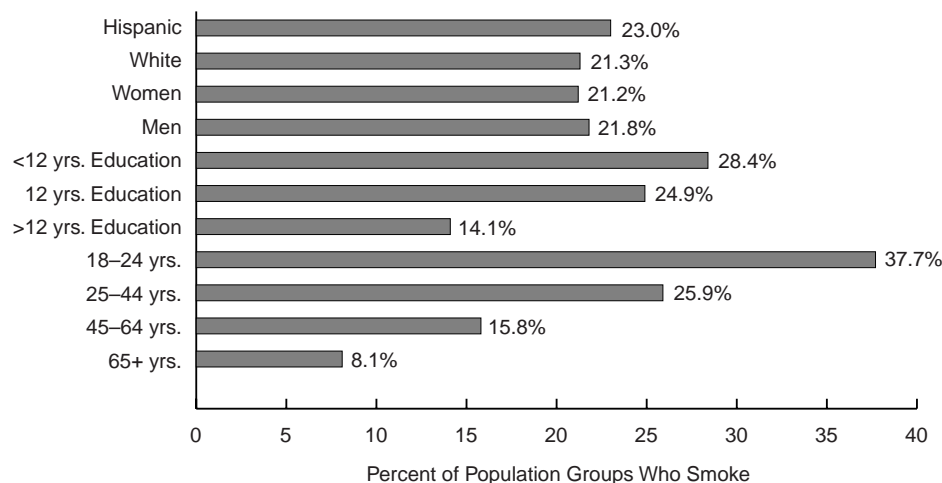
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Vermont Youth Tobacco Survey, 2000; ††Vermont Youth Risk Behavior Survey, 1999.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Vermont is investing 98% of CDC's *Best Practices* lower estimated recommended funding and 49% of the upper estimated recommended funding. Vermont spent \$308 per capita on smoking-attributable direct medical expenditures. In 1998, about 14% (\$56,000,000 or \$451.52 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$60,000,000
Hospital	\$39,000,000
Nursing Home	\$47,000,000
Prescription Drugs	\$16,000,000
Other	\$20,000,000
Annual Total	\$182,000,000
Annual Per Capita	\$308

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$172,000,000
Annual Per Capita	\$290

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$24,458,081
Gross cigarette tax revenue collected in 2000	\$24,144,000
Cigarette tax per pack was \$0.44 in 2001	
Cigarette sales were 88.9 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$5,824,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$5,824,000	
Federal—CDC Office on Smoking and Health	\$1,146,500	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$500,000	10/00–9/01
Non-Government Source—RWJF/AMA	\$301,584	3/01–2/02
Subtotal: Federal/National Sources	\$1,948,084	
FY02 Total Investment in Tobacco Control	\$7,772,084	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$7,905,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$15,938,000	
FY02 Per Capita Investment in Tobacco Control	\$12.67	

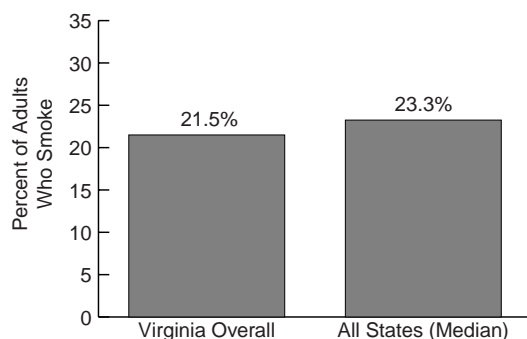
*An additional \$1,028,500 was appropriated for tobacco and other health programs.

Health Impacts

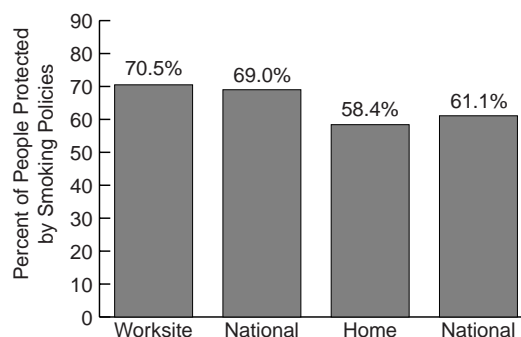
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	9,157	State Lung Cancer	94.9/100,000	Overall	134,529
Men	5,604	All States	90.2/100,000	Projected Death	
Women	3,553	State CHD*	54.0/100,000	Rate	7,739/100,000
Death Rate	290.8/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	65.6/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
VA	n/a	n/a	n/a	n/a
Boys	n/a	n/a	n/a	n/a
Girls	n/a	n/a	n/a	n/a

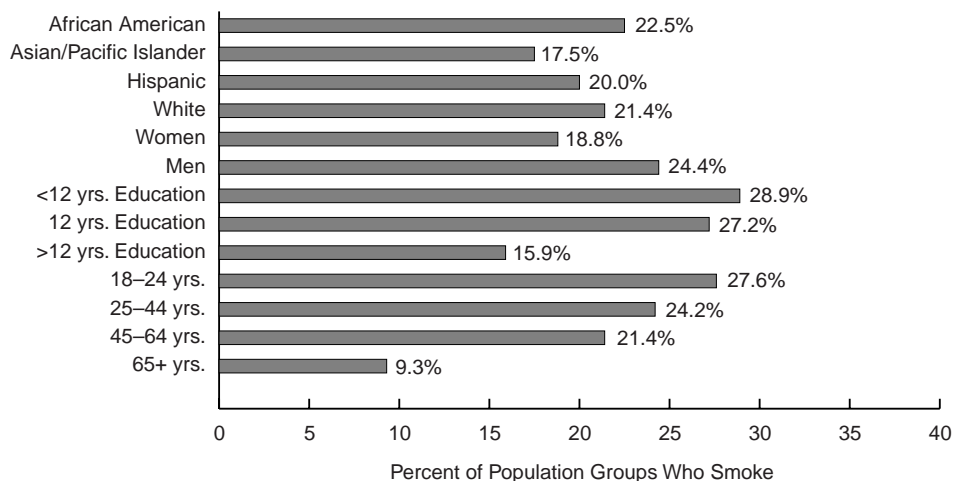
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Source: *National Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Virginia is investing 44% of CDC's *Best Practices* lower estimated recommended funding and 16% of the upper estimated recommended funding. Virginia spent \$240 per capita on smoking-attributable direct medical expenditures. In 1998, about 14% (\$313,000,000 or \$479.69 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$597,000,000
Hospital	\$406,000,000
Nursing Home	\$353,000,000
Prescription Drugs	\$150,000,000
Other	\$123,000,000
Annual Total	\$1,629,000,000
Annual Per Capita	\$240

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$2,080,000,000
Annual Per Capita	\$303

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$126,823,184
Gross cigarette tax revenue collected in 2000	\$16,918,000
Cigarette tax per pack was \$0.025 in 2001	
Cigarette sales were 96.7 packs per capita in 2000	

Investment in Tobacco Control

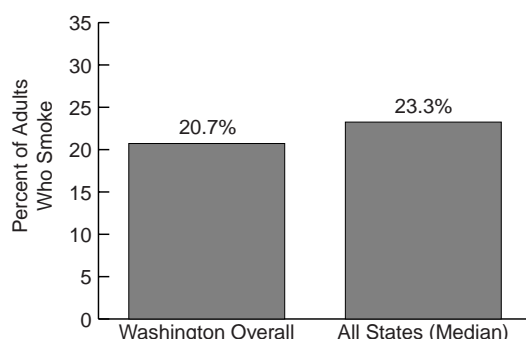
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$15,807,984	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$15,807,984	
Federal—CDC Office on Smoking and Health	\$1,131,145	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$0	
Subtotal: Federal/National Sources	\$1,131,145	
FY02 Total Investment in Tobacco Control		\$16,939,129
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$38,866,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$106,854,000
FY02 Per Capita Investment in Tobacco Control		\$2.36

Health Impacts

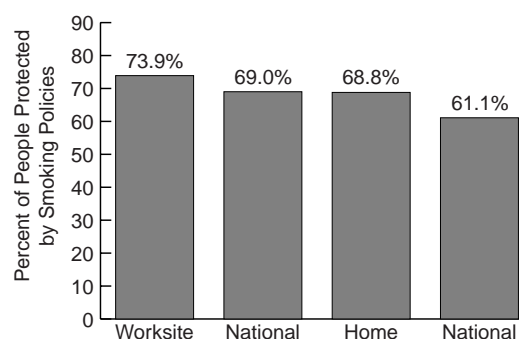
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	7,761	State Lung Cancer	90.1/100,000	Overall	133,952
Men	4,689	All States	90.2/100,000	Projected Death	
Women	3,072	State CHD*	52.3/100,000	Rate	8,848/100,000
Death Rate	284.9/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	76.2/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
WA	n/a	n/a	n/a	n/a
Boys	n/a	n/a	n/a	n/a
Girls	n/a	n/a	n/a	n/a

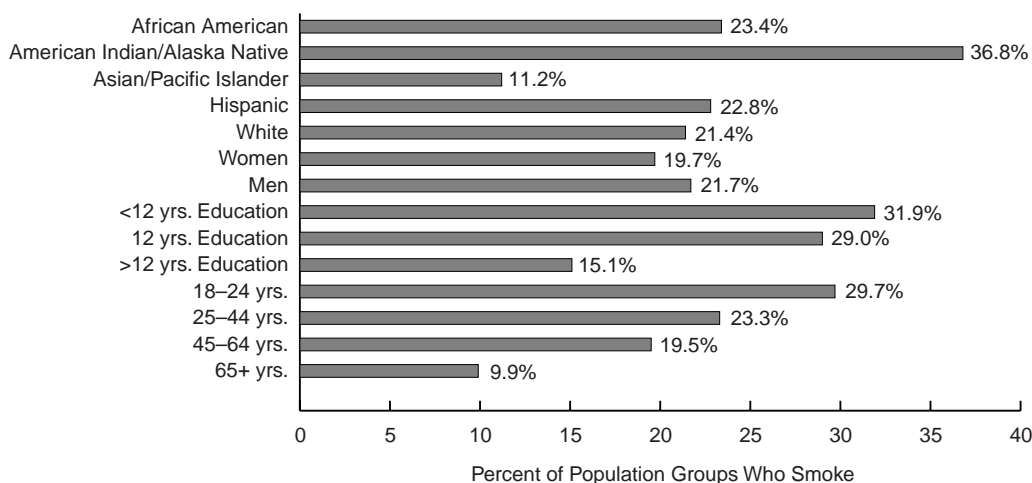
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Source: *National Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Washington is investing 62% of CDC's *Best Practices* lower estimated recommended funding and 23% of the upper estimated recommended funding. Washington spent \$269 per capita on smoking-attributable direct medical expenditures. In 1998, about 16% (\$508,000,000 or \$359.58 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$592,000,000
Hospital	\$324,000,000
Nursing Home	\$366,000,000
Prescription Drugs	\$126,000,000
Other	\$120,000,000
Annual Total	\$1,528,000,000
Annual Per Capita	\$269

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$1,503,000,000
Annual Per Capita	\$261

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$127,351,202
Gross cigarette tax revenue collected in 2000	\$254,770,000
Cigarette tax per pack was \$0.825 in 2001 and will increase to \$1.425 effective July 2002	
Cigarette sales were 52.8 packs per capita in 2000	

Investment in Tobacco Control

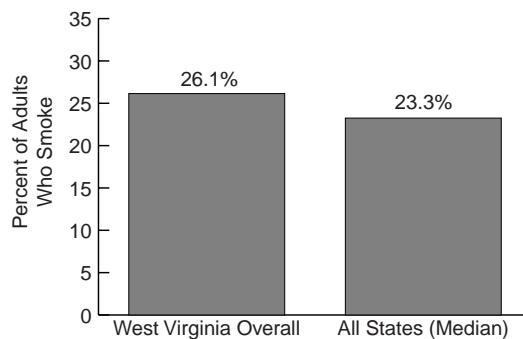
<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$17,496,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$898,500	7/01–6/02
Subtotal: State Appropriation	\$18,394,500	
Federal—CDC Office on Smoking and Health	\$1,524,995	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$722,795	10/00–9/01
Non-Government Source—RWJF/AMA	\$0	
Subtotal: Federal/National Sources	\$2,247,790	
FY02 Total Investment in Tobacco Control		\$20,642,290
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$33,341,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$89,381,000
FY02 Per Capita Investment in Tobacco Control		\$3.44

Health Impacts

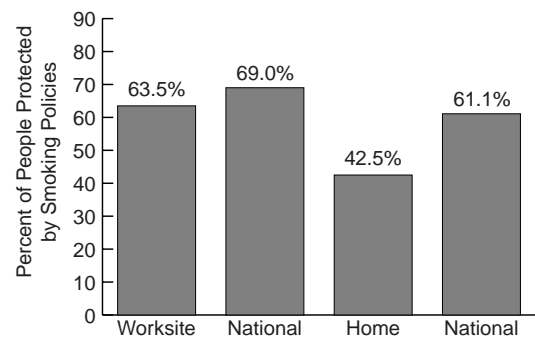
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000</i>	
Overall	3,838	State Lung Cancer	115.2/100,000	Overall	42,537
Men	2,348	All States	90.2/100,000	Projected Death	
Women	1,492	State CHD*	77.4/100,000	Rate	10,571/100,000
Death Rate	354.1/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	86.7/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
WV†	18.1%	25.3%	38.5%	47.9%
Boys†	17.5%	28.8%	36.0%	52.2%
Girls†	18.8%	21.4%	40.6%	42.5%

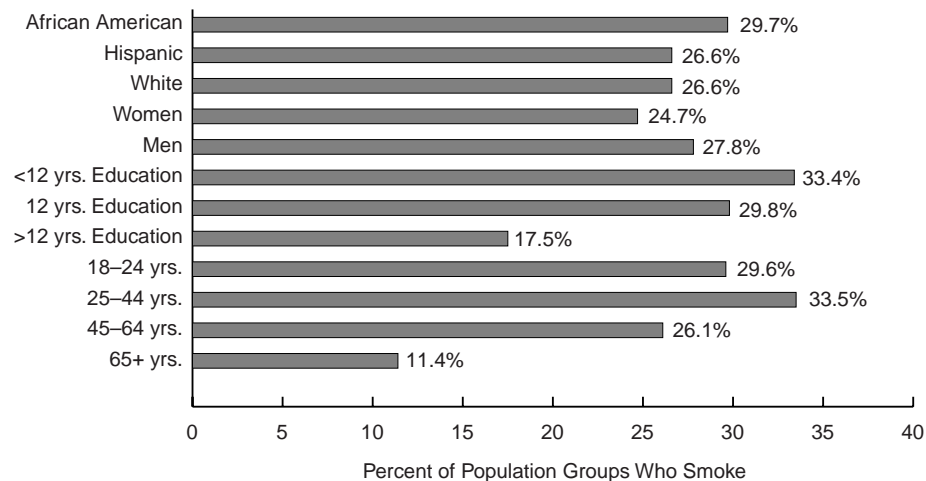
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †West Virginia Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

West Virginia is investing 56% of CDC's *Best Practices* lower estimated recommended funding and 23% of the upper estimated recommended funding. West Virginia spent \$298 per capita on smoking-attributable direct medical expenditures. In 1998, about 14% (\$179,000,000 or \$520.55 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$175,000,000
Hospital	\$152,000,000
Nursing Home	\$118,000,000
Prescription Drugs	\$52,000,000
Other	\$42,000,000
Annual Total	\$539,000,000
Annual Per Capita	\$298

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$850,000,000
Annual Per Capita	\$470

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$54,981,783
Gross cigarette tax revenue collected in 2000	\$33,766,000
Cigarette tax per pack was \$0.17 in 2001	
Cigarette sales were 107.9 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$5,850,592	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$5,850,592	
Federal—CDC Office on Smoking and Health	\$1,145,612	6/01–5/02
Federal—SAMHSA	\$35,000	10/01–9/02
Non-Government Source—American Legacy Foundation	\$955,689	10/00–9/01
Non-Government Source—RWJF/AMA	\$0	
Subtotal: Federal/National Sources	\$2,136,301	
FY02 Total Investment in Tobacco Control		\$7,986,893
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$14,160,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$35,365,000
FY02 Per Capita Investment in Tobacco Control		\$4.41

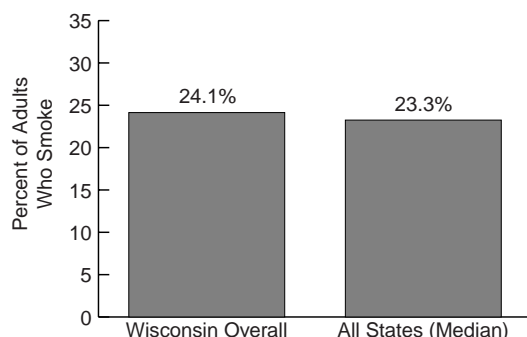
*An additional \$500,000 was appropriated for the Tobacco/Alcohol Education Program. The appropriation language also states that to the extent permitted by law, eight classified exempt positions shall be provided for the educator-inspector positions to be used in the education and enforcement of activities relating to underage tobacco and alcohol use and sales.

Health Impacts

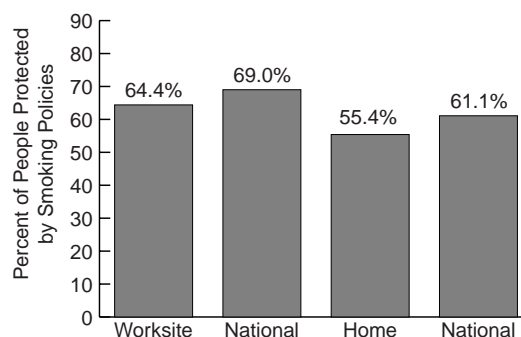
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	7,850	State Lung Cancer	79.6/100,000	Overall	136,373
Men	4,625	All States	90.2/100,000	Projected Death	
Women	3,225	State CHD*	58.8/100,000	Rate	9,963/100,000
Death Rate	278.2/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	61.8/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking	Current Any Tobacco Use		Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
WI†	12.2%	16.1%	32.9%	39.4%
Boys†	11.9%	17.7%	31.0%	42.1%
Girls†	12.7%	14.4%	35.0%	36.2%

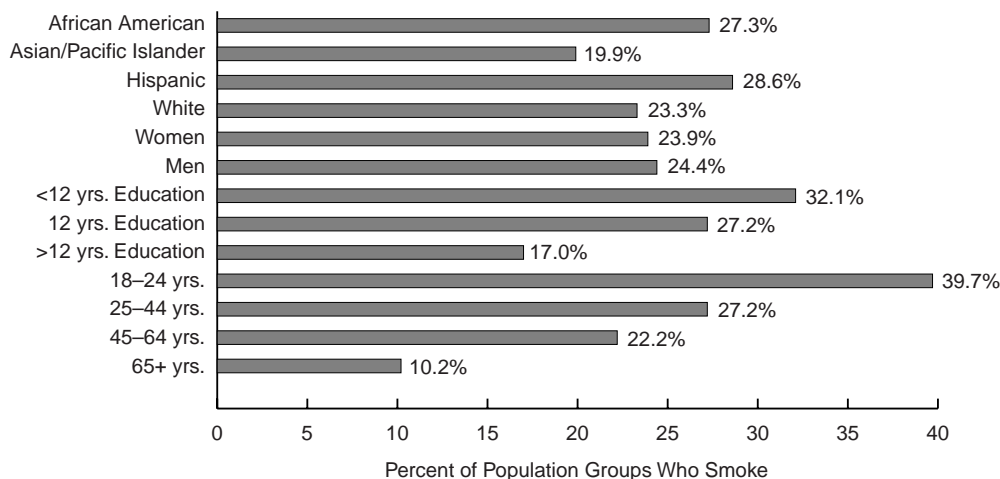
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Wisconsin Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Wisconsin is investing 24% of CDC's *Best Practices* lower estimated recommended funding and 9% of the upper estimated recommended funding. Wisconsin spent \$303 per capita on smoking-attributable direct medical expenditures. In 1998, about 14% (\$375,000,000 or \$722.80 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$570,000,000
Hospital	\$322,000,000
Nursing Home	\$475,000,000
Prescription Drugs	\$121,000,000
Other	\$92,000,000
Annual Total	\$1,580,000,000
Annual Per Capita	\$303

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$1,413,000,000
Annual Per Capita	\$269

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$123,248,769
Gross cigarette tax revenue collected in 2000	\$251,616,000
Cigarette tax per pack was \$0.77 in 2001	
Cigarette sales were 80.1 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)*	\$5,532,300	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$5,532,300	
Federal—CDC Office on Smoking and Health	\$1,298,146	6/01–5/02
Federal—SAMHSA	\$76,000	10/01–9/02
Non-Government Source—American Legacy Foundation	\$77,330	10/00–9/01
Non-Government Source—RWJF/AMA	\$485,819	3/01–2/02
Subtotal: Federal/National Sources	\$1,937,295	
FY02 Total Investment in Tobacco Control		\$7,469,595
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)		\$31,158,000
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)		\$82,381,000
FY02 Per Capita Investment in Tobacco Control		\$1.38

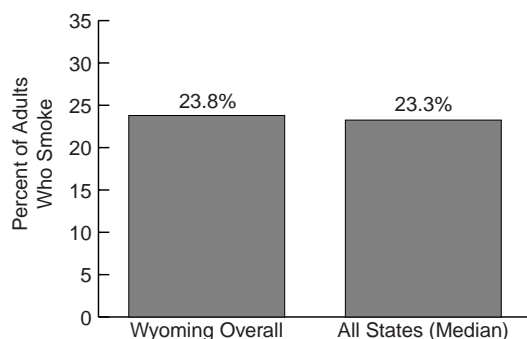
*In FY02, \$500,000 was appropriated to the Medical College of Wisconsin for tobacco research. An additional \$9,304,000 was carried over from FY01 to be used for tobacco control in FY02.

Health Impacts

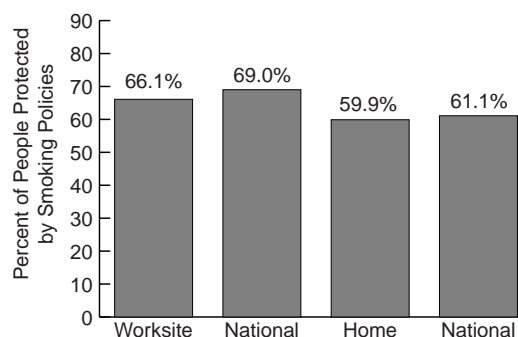
<i>SMOKING-ATTRIBUTABLE DEATHS, 1999</i>		<i>SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC</i>		<i>YOUTH PROJECTED TO DIE FROM SMOKING, 1999-2000</i>	
Overall	729	State Lung Cancer	82.2/100,000	Overall	12,974
Men	434	All States	90.2/100,000	Projected Death	
Women	295	State CHD*	50.3/100,000	Rate	10,067/100,000
Death Rate	318.6/100,000	All States	59.7/100,000	Projected All	
All States	295.5/100,000	State COPD†	114.2/100,000	States	8,830/100,000
		All States	59.7/100,000		

*Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



Youth Tobacco Use

<i>GRADES 6-8</i>			<i>GRADES 9-12</i>	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
WY	14.8%†	21.7%†	35.2%††	43.9%††
Boys	15.6%†	25.8%†	34.6%††	49.6%††
Girls	13.4%†	16.9%†	35.9%††	38.0%††

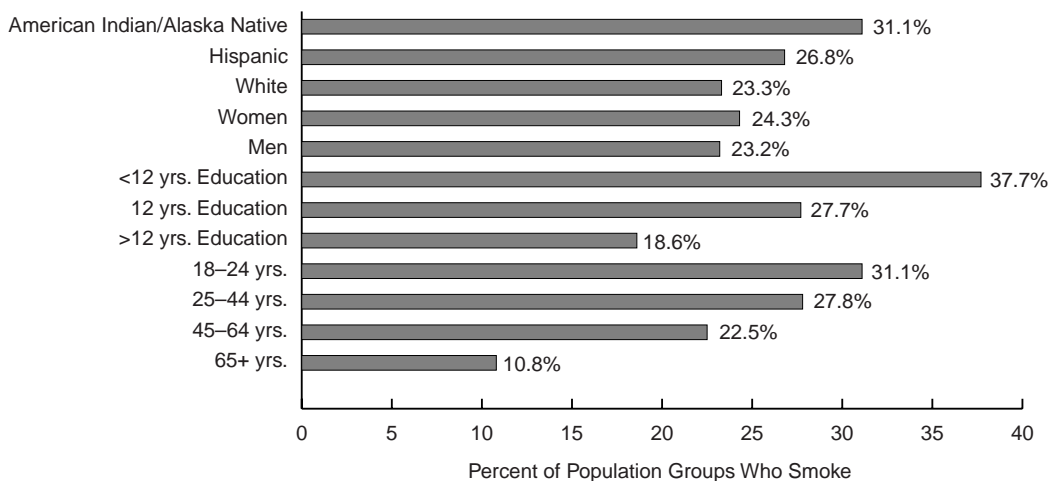
Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey.

Sources: *National Youth Tobacco Survey, 2000; †Wyoming Youth Tobacco Survey, 2000; ††Wyoming Youth Risk Behavior Survey, 1999.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.



Economic Impacts and Investments

Wyoming is investing 28% of CDC's *Best Practices* lower estimated recommended funding and 14% of the upper estimated recommended funding. Wyoming spent \$221 per capita on smoking-attributable direct medical expenditures. In 1998, about 14% (\$29,000,000 or \$626.16 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Ambulatory	\$33,000,000
Hospital	\$29,000,000
Nursing Home	\$26,000,000
Prescription Drugs	\$10,000,000
Other	\$8,000,000
Annual Total	\$106,000,000
Annual Per Capita	\$221

Smoking-Attributable Productivity Costs, 1999

Annual Total	\$136,000,000
Annual Per Capita	\$284

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001	\$14,772,038
Gross cigarette tax revenue collected in 2000	\$5,704,000
Cigarette tax per pack was \$0.12 in 2001	
Cigarette sales were 90.5 packs per capita in 2000	

Investment in Tobacco Control

<i>FUNDING SOURCE</i>	<i>FY02 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$900,000	7/01–6/02
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$900,000	
Federal—CDC Office on Smoking and Health	\$973,302	6/01–5/02
Federal—SAMHSA	\$0	
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	\$200,000	6/01–5/02
Subtotal: Federal/National Sources	\$1,173,302	
FY02 Total Investment in Tobacco Control	\$2,073,302	
CDC <i>Best Practices</i> Recommended Annual Total (Lower Estimate)	\$7,381,000	
CDC <i>Best Practices</i> Recommended Annual Total (Upper Estimate)	\$14,397,000	
FY02 Per Capita Investment in Tobacco Control	\$4.16	

Tobacco Use Prevention and Control Summaries

Smoking-Attributable Deaths, 1999

State	Deaths per 100,000
All States	295.5
Alabama	326.6
Alaska	289.6
Arizona	283.5
Arkansas	343.3
California	261.8
Colorado	248.1
Connecticut	255.9
Delaware	313.9
District of Columbia	250.4
Florida	283.1
Georgia	333.9
Hawaii	174.3
Idaho	254.6
Illinois	303.1
Indiana	341.4
Iowa	265.6
Kansas	269.8
Kentucky	387.1
Louisiana	314.1
Maine	305.2
Maryland	283.3
Massachusetts	261.2
Michigan	299.0
Minnesota	231.1
Mississippi	367.8
Missouri	345.3
Montana	294.7
Nebraska	264.2
Nevada	414.3
New Hampshire	291.9
New Jersey	243.7
New Mexico	264.7
New York	252.1
North Carolina	301.1
North Dakota	227.7
Ohio	317.6
Oklahoma	320.1
Oregon	278.6
Pennsylvania	270.2
Rhode Island	283.1
South Carolina	315.6
South Dakota	230.2
Tennessee	346.0
Texas	288.8
Utah	159.8
Vermont	274.3
Virginia	290.8
Washington	284.9
West Virginia	354.1
Wisconsin	278.2
Wyoming	318.6

Source: Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC): Adult SAMMEC and Maternal and Child Health (MCH) SAMMEC software. Available at <http://www.cdc.gov/tobacco/sammecc>.

Youth Projected to Die from Smoking, 1999–2000

State	Projected Deaths per 100,000
All States8,830
Alabama9,905
Alaska	10,233
Arizona5,686
Arkansas9,841
California6,890
Colorado8,380
Connecticut9,963
Delaware	10,064
District of Columbia6,771
Florida8,412
Georgia8,657
Hawaii8,067
Idaho8,706
Illinois9,163
Indiana	10,646
Iowa	10,948
Kansas8,045
Kentucky	11,559
Louisiana8,851
Maine	11,052
Maryland7,734
Massachusetts7,850
Michigan9,837
Minnesota8,710
Mississippi7,549
Missouri9,770
Montana7,451
Nebraska	10,153
Nevada	11,084
New Hampshire	11,209
New Jersey8,087
New Mexico8,763
New York9,355
North Carolina	10,718
North Dakota9,722
Ohio	10,896
Oklahoma8,734
Oregon8,639
Pennsylvania	10,645
Rhode Island9,634
South Carolina8,985
South Dakota9,886
Tennessee8,890
Texas8,267
Utah5,333
Vermont	10,711
Virginia7,739
Washington8,848
West Virginia	10,571
Wisconsin9,963
Wyoming	10,067

Source: Behavioral Risk Factor Surveillance System, 2000.

Current Cigarette Smoking Among Adults Aged 18 and Older, 2000

State	Prevalence (%)
All States (median)	23.3
Alabama	25.3
Alaska	25.0
Arizona	18.6
Arkansas	25.2
California	17.2
Colorado	20.1
Connecticut	20.0
Delaware	23.0
District of Columbia	20.9
Florida	23.2
Georgia	23.6
Hawaii	19.7
Idaho	22.4
Illinois	22.3
Indiana	27.0
Iowa	23.3
Kansas	21.1
Kentucky	30.5
Louisiana	24.1
Maine	23.8
Maryland	20.6
Massachusetts	20.0
Michigan	24.2
Minnesota	19.8
Mississippi	23.5
Missouri	27.2
Montana	18.9
Nebraska	21.4
Nevada	29.1
New Hampshire	25.4
New Jersey	21.0
New Mexico	23.6
New York	21.6
North Carolina	26.1
North Dakota	23.3
Ohio	26.3
Oklahoma	23.3
Oregon	20.8
Pennsylvania	24.3
Rhode Island	23.5
South Carolina	24.7
South Dakota	22.0
Tennessee	25.7
Texas	22.0
Utah	12.9
Vermont	21.5
Virginia	21.5
Washington	20.7
West Virginia	26.1
Wisconsin	24.1
Wyoming	23.8

Source: Behavioral Risk Factor Surveillance System, 2000.

**Current Cigarette Smoking* Among Adults Aged 18
and Older—Participating States, 1996–2000**

	1996		1997		1998		1999		2000	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Alabama	22.5	±2.1	24.7	±2.0	24.6	±2.1	23.5	±2.1	25.3	±2.2
Alaska	27.7	±3.4	26.7	±3.3	26.0	±2.6	27.2	±2.9	25.0	±2.8
Arizona	23.8	±2.5	21.1	±2.5	21.9	±2.6	20.1	±2.8	18.6	±3.1
Arkansas	25.4	±2.4	28.5	±2.6	26.0	±1.8	27.2	±1.8	25.2	±1.8
California	18.6	±1.4	18.4	±1.4	19.2	±1.4	18.7	±1.3	17.2	±1.5
Colorado	22.8	±2.2	22.6	±2.2	22.8	±2.2	22.5	±2.1	20.1	±2.0
Connecticut	21.9	±2.2	21.8	±2.1	21.1	±2.0	22.8	±2.2	20.0	±1.5
Delaware	24.2	±2.2	26.6	±2.1	24.5	±2.4	25.4	±2.5	23.0	±2.1
District of Columbia	20.6	±2.6	18.8	±2.4	21.6	±2.6	20.6	±2.6	20.9	±2.2
Florida	21.8	±1.5	23.6	±1.6	22.0	±1.4	20.7	±1.3	23.2	±1.4
Georgia	20.3	±1.9	22.4	±2.1	23.7	±2.0	23.7	±2.1	23.6	±1.7
Hawaii	22.2	±2.1	18.6	±1.9	19.5	±2.3	18.6	±2.2	19.7	±1.4
Idaho	21.2	±1.7	19.9	±1.4	20.3	±1.4	21.5	±1.4	22.4	±1.4
Illinois	24.8	±1.8	23.2	±1.7	23.1	±1.8	24.2	±1.8	22.3	±1.6
Indiana	28.7	±2.1	26.3	±2.1	26.0	±2.0	27.0	±3.0	27.0	±1.8
Iowa	23.6	±1.6	23.1	±1.6	23.4	±1.7	23.5	±1.7	23.3	±1.7
Kansas	22.1	±2.0	22.7	±2.0	21.2	±1.5	21.1	±1.5	21.1	±1.4
Kentucky	31.6	±1.8	30.8	±1.8	30.8	±1.7	29.7	±1.5	30.5	±1.6
Louisiana	25.9	±2.4	24.6	±2.4	25.5	±2.4	23.6	±2.4	24.1	±1.4
Maine	25.3	±2.4	22.7	±2.2	22.4	±2.4	23.3	±2.5	23.8	±2.2
Maryland	21.0	±1.5	20.6	±1.6	22.4	±2.0	20.3	±1.6	20.6	±1.5
Massachusetts	23.4	±2.3	20.4	±2.2	20.9	±1.6	19.4	±1.4	20.0	±1.1
Michigan	25.6	±1.9	26.1	±1.9	27.4	±2.0	25.1	±1.9	24.2	±1.9
Minnesota	20.6	±1.3	21.8	±1.3	18.0	±1.3	19.5	±1.2	19.8	±1.7
Mississippi	23.2	±2.4	23.2	±2.5	24.1	±2.0	23.0	±2.0	23.5	±2.2
Missouri	27.8	±2.5	28.7	±2.5	26.3	±2.0	27.1	±1.9	27.2	±1.9
Montana	21.7	±2.2	20.5	±2.0	21.5	±2.1	20.2	±2.1	18.9	±1.8
Nebraska	22.0	±2.6	22.2	±2.0	22.1	±1.8	23.3	±1.8	21.4	±1.7
Nevada	28.2	±3.0	27.7	±3.4	30.4	±3.2	31.5	±3.0	29.1	±2.8
New Hampshire	24.9	±2.7	24.8	±2.5	23.3	±2.5	22.4	±2.7	25.4	±2.3
New Jersey	22.8	±1.8	21.5	±1.9	19.2	±1.9	20.7	±1.9	21.0	±1.5
New Mexico	22.9	±3.1	22.1	±2.1	22.6	±1.5	22.5	±1.6	23.6	±1.7
New York	23.3	±1.4	23.1	±1.6	24.3	±2.0	21.9	±1.9	21.6	±1.6
North Carolina	25.7	±2.0	25.8	±1.7	24.7	±2.2	25.2	±2.1	26.1	±1.9
North Dakota	23.4	±2.3	22.2	±2.1	20.0	±2.0	22.2	±2.0	23.3	±2.1
Ohio	28.5	±2.6	25.1	±2.0	26.2	±2.3	27.6	±2.6	26.3	±2.2
Oklahoma	24.1	±2.4	24.6	±2.4	23.8	±2.0	25.2	±1.9	23.3	±1.6
Oregon	23.5	±1.7	20.7	±1.7	21.1	±2.2	21.5	±2.1	20.8	±1.5
Pennsylvania	24.5	±1.6	24.3	±1.6	23.8	±1.6	23.2	±1.6	24.3	±1.6
Rhode Island	22.5	±2.2	24.2	±2.4	22.7	±1.6	22.4	±1.5	23.5	±1.7
South Carolina	24.5	±2.5	23.4	±2.1	24.7	±1.8	23.6	±1.7	24.7	±1.9
South Dakota	20.7	±1.9	24.3	±2.1	27.3	±2.3	22.5	±1.5	22.0	±1.4
Tennessee	28.0	±1.8	26.9	±1.9	26.1	±1.9	24.9	±1.8	25.7	±1.8
Texas	22.9	±2.2	22.6	±1.9	22.0	±1.4	22.4	±1.6	22.0	±1.3
Utah	15.9	±1.7	13.7	±1.6	14.2	±1.6	13.9	±1.6	12.9	±1.6
Vermont	24.1	±2.2	23.2	±1.9	22.3	±1.8	21.8	±1.7	21.5	±1.6
Virginia	24.8	±2.3	24.6	±2.1	22.9	±1.9	21.2	±1.8	21.5	±2.1
Washington	23.5	±1.6	23.9	±1.8	21.4	±1.6	22.4	±1.7	20.7	±1.5
West Virginia	26.7	±2.0	27.4	±2.0	27.9	±2.0	27.1	±2.0	26.1	±1.9
Wisconsin	24.9	±2.3	23.2	±2.2	23.4	±2.3	23.7	±2.0	24.1	±1.8
Wyoming	24.6	±1.9	24.0	±2.4	22.8	±1.9	23.9	±2.0	23.8	±1.9

*Current smokers are persons who reported having smoked ≥ 100 cigarettes and currently smoked every day or some days.

Source: Behavioral Risk Factor Surveillance System, 1996–2000.

Environmental Tobacco Smoke, 1998–1999: Percentage of People Protected by Smoking Policies

State	Worksite (%)	Home (%)
National	69.0	61.1
Alabama	63.9	58.1
Alaska	73.6	61.5
Arizona	68.7	71.5
Arkansas	63.5	53.2
California	77.6	74.3
Colorado	72.8	67.0
Connecticut	73.8	61.0
Delaware	70.8	55.4
District of Columbia	74.6	57.1
Florida	69.0	66.8
Georgia	66.6	62.2
Hawaii	72.2	64.7
Idaho	71.4	71.8
Illinois	67.5	54.6
Indiana	58.3	50.1
Iowa	69.9	54.5
Kansas	73.4	59.6
Kentucky	57.1	39.7
Louisiana	64.2	56.7
Maine	75.3	55.4
Maryland	81.7	64.9
Massachusetts	77.3	62.0
Michigan	61.0	53.5
Minnesota	74.3	63.4
Mississippi	61.5	54.4
Missouri	65.9	54.9
Montana	69.1	61.4
Nebraska	67.6	59.6
Nevada	48.9	64.5
New Hampshire	74.3	61.0
New Jersey	72.9	62.4
New Mexico	68.3	63.0
New York	72.6	58.8
North Carolina	60.9	52.1
North Dakota	65.8	58.2
Ohio	63.2	51.0
Oklahoma	67.3	54.2
Oregon	66.3	71.1
Pennsylvania	68.9	57.1
Rhode Island	72.3	61.8
South Carolina	64.4	60.6
South Dakota	60.0	57.0
Tennessee	63.4	52.9
Texas	66.4	65.9
Utah	84.4	81.7
Vermont	77.1	61.3
Virginia	70.5	58.4
Washington	73.9	68.8
West Virginia	63.5	42.5
Wisconsin	64.4	55.4
Wyoming	66.1	59.9

Source: National Cancer Institute and Centers for Disease Control and Prevention, unpublished data, 2001.

Current Cigarette Smoking and Tobacco Use Among Youth, Grades 6–8*

State	Current Cigarette Smoking (%)	Current Any Tobacco Use (%)
National	11.0	15.1
Alabama	19.1	26.5
Alaska	Data are not available	Data are not available
Arizona	11.4	17.1
Arkansas	15.8	22.4
California	6.7	10.0
Colorado	8.8	13.6
Connecticut	9.8	13.1
Delaware	15.2	17.8
District of Columbia	9.4	14.2
Florida	9.8	13.5
Georgia	13.8	18.8
Hawaii	Data are not available	Data are not available
Idaho	9.6	13.4
Illinois	Data are not available	Data are not available
Indiana	9.8	15.3
Iowa	11.8	16.4
Kansas	8.1	12.0
Kentucky	21.5	28.3
Louisiana	17.1	26.3
Maine	11.7	13.7
Maryland	7.3	11.8
Massachusetts	Data are not available	Data are not available
Michigan	9.3	14.2
Minnesota	9.1	12.6
Mississippi	17.8	25.3
Missouri	14.9	19.5
Montana	Data are not available	Data are not available
Nebraska	10.0	13.8
Nevada	Data are not available	Data are not available
New Hampshire	12.0	15.2
New Jersey	10.5	18.9
New Mexico	Data are not available	Data are not available
New York	9.3	11.8
North Carolina	15.0	18.4
North Dakota	Data are not available	Data are not available
Ohio	13.7	18.7
Oklahoma	16.9	21.0
Oregon	Data are not available	Data are not available
Pennsylvania	12.0	15.8
Rhode Island	9.1	13.2
South Carolina	Data are not available	Data are not available
South Dakota	12.4	16.3
Tennessee	16.6	23.2
Texas	13.9	17.6
Utah	Data are not available	Data are not available
Vermont	11.9	15.3
Virginia	Data are not available	Data are not available
Washington	Data are not available	Data are not available
West Virginia	18.1	25.3
Wisconsin	12.2	16.1
Wyoming	14.8	21.7

*For data source and year, refer to the corresponding state page(s).

Current Cigarette Smoking and Tobacco Use Among Youth, Grades 9–12*

State	Current Cigarette Smoking (%)	Current Any Tobacco Use (%)
National	28.0	34.5
Alabama	30.2	37.6
Alaska	36.5	Data are not available
Arizona	Data are not available	Data are not available
Arkansas	35.8	43.8
California	21.6	27.8
Colorado	25.3	34.4
Connecticut	25.6	32.4
Delaware	27.1	31.2
District of Columbia	14.7	21.0
Florida	19.0	25.8
Georgia	24.3	Data are not available
Hawaii	24.5	27.1
Idaho	27.3	Data are not available
Illinois	35.7	Data are not available
Indiana	31.6	36.9
Iowa	32.7	39.0
Kansas	26.1	33.6
Kentucky	37.4	46.2
Louisiana	36.4	Data are not available
Maine	28.6	32.6
Maryland	23.7	29.9
Massachusetts	30.3	35.1
Michigan	27.6	34.1
Minnesota	32.4	38.7
Mississippi	30.5	40.6
Missouri	32.8	39.0
Montana	35.0	45.0
Nebraska	29.0	35.8
Nevada	32.6	39.9
New Hampshire	36.0	Data are not available
New Jersey	27.6	38.9
New Mexico	30.1	Data are not available
New York	26.8	32.8
North Carolina	31.6	38.3
North Dakota	40.6	Data are not available
Ohio	33.4	41.1
Oklahoma	33.0	42.0
Oregon	Data are not available	Data are not available
Pennsylvania	27.6	34.0
Rhode Island	26.0	32.1
South Carolina	36.0	41.5
South Dakota	32.6	39.2
Tennessee	32.4	41.3
Texas	28.1	34.6
Utah	11.9	14.5
Vermont	33.4	38.6
Virginia	Data are not available	Data are not available
Washington	Data are not available	Data are not available
West Virginia	38.5	47.9
Wisconsin	32.9	39.4
Wyoming	35.2	43.9

*For data source and year, refer to the corresponding state page(s).

Smoking-Attributable Medicaid Expenditures, 1998

State	Smoking-Attributable Medicaid Expenditures	Cost per Recipient
Alabama	\$186,000,000	\$.352.36
Alaska	\$60,000,000	\$.804.31
Arizona	\$247,000,000	\$.485.57
Arkansas	\$189,000,000	\$.445.13
California	\$2,310,000,000	\$.326.14
Colorado	\$249,000,000	\$.722.84
Connecticut	\$336,000,000	\$.880.85
Delaware	\$62,000,000	\$.609.71
District of Columbia	\$61,000,000	\$.367.58
Florida	\$976,000,000	\$.512.30
Georgia	\$419,000,000	\$.343.28
Hawaii	\$91,000,000	\$.493.42
Idaho	\$65,000,000	\$.527.33
Illinois	\$1,226,000,000	\$.899.06
Indiana	\$380,000,000	\$.625.31
Iowa	\$235,000,000	\$.745.39
Kansas	\$153,000,000	\$.632.56
Kentucky	\$380,000,000	\$.589.46
Louisiana	\$518,000,000	\$.719.08
Maine	\$169,000,000	\$.996.71
Maryland	\$372,000,000	\$.663.31
Massachusetts	\$817,000,000	\$.899.73
Michigan	\$881,000,000	\$.646.11
Minnesota	\$363,000,000	\$.675.57
Mississippi	\$206,000,000	\$.424.29
Missouri	\$415,000,000	\$.565.59
Montana	\$52,000,000	\$.514.32
Nebraska	\$105,000,000	\$.499.41
Nevada	\$96,000,000	\$.748.56
New Hampshire	\$90,000,000	\$.958.66
New Jersey	\$755,000,000	\$.928.76
New Mexico	\$144,000,000	\$.436.51
New York	\$4,271,000,000	\$1,389.77
North Carolina	\$600,000,000	\$.513.30
North Dakota	\$37,000,000	\$.604.68
Ohio	\$1,113,000,000	\$.862.47
Oklahoma	\$170,000,000	\$.498.01
Oregon	\$224,000,000	\$.438.97
Pennsylvania	\$1,335,000,000	\$.876.33
Rhode Island	\$140,000,000	\$.912.01
South Carolina	\$307,000,000	\$.516.11
South Dakota	\$45,000,000	\$.504.20
Tennessee	\$531,000,000	\$.288.17
Texas	\$1,265,000,000	\$.543.17
Utah	\$81,000,000	\$.373.05
Vermont	\$56,000,000	\$.451.52
Virginia	\$313,000,000	\$.479.69
Washington	\$508,000,000	\$.359.58
West Virginia	\$179,000,000	\$.520.55
Wisconsin	\$375,000,000	\$.722.80
Wyoming	\$29,000,000	\$.626.16

Sources: SAFs from Miller et al. State estimates of Medicaid expenditures attributable to cigarette smoking, fiscal year 1993. *Public Health Report* 1998;113:447–58. 1998 state Medicaid expenditures for personal health care, Medicaid recipient population—CMS (formerly HCFA).

Smoking-Attributable Direct Medical Expenditures, 1998

State	Direct Medical Expenditures
Alabama	\$1,170,000,000
Alaska	\$132,000,000
Arizona	\$1,005,000,000
Arkansas	\$634,000,000
California	\$7,137,000,000
Colorado	\$1,026,000,000
Connecticut	\$1,273,000,000
Delaware	\$222,000,000
District of Columbia	\$190,000,000
Florida	\$4,934,000,000
Georgia	\$1,758,000,000
Hawaii	\$262,000,000
Idaho	\$249,000,000
Illinois	\$3,206,000,000
Indiana	\$1,627,000,000
Iowa	\$794,000,000
Kansas	\$724,000,000
Kentucky	\$1,171,000,000
Louisiana	\$1,151,000,000
Maine	\$470,000,000
Maryland	\$1,533,000,000
Massachusetts	\$2,766,000,000
Michigan	\$2,655,000,000
Minnesota	\$1,611,000,000
Mississippi	\$561,000,000
Missouri	\$1,668,000,000
Montana	\$216,000,000
Nebraska	\$419,000,000
Nevada	\$441,000,000
New Hampshire	\$440,000,000
New Jersey	\$2,481,000,000
New Mexico	\$360,000,000
New York	\$6,379,000,000
North Carolina	\$1,923,000,000
North Dakota	\$193,000,000
Ohio	\$3,416,000,000
Oklahoma	\$907,000,000
Oregon	\$871,000,000
Pennsylvania	\$4,054,000,000
Rhode Island	\$395,000,000
South Carolina	\$855,000,000
South Dakota	\$214,000,000
Tennessee	\$1,691,000,000
Texas	\$4,552,000,000
Utah	\$273,000,000
Vermont	\$182,000,000
Virginia	\$1,629,000,000
Washington	\$1,528,000,000
West Virginia	\$539,000,000
Wisconsin	\$1,580,000,000
Wyoming	\$106,000,000

Source: Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC): Adult SAMMEC and Maternal and Child Health (MCH) SAMMEC software. Available at <http://www.cdc.gov/tobacco/sammecc>.

Smoking-Attributable Productivity Costs, 1999

State	Productivity Costs
Alabama	\$1,777,000,000
Alaska	\$129,000,000
Arizona	\$1,309,000,000
Arkansas	\$1,122,000,000
California	\$7,515,000,000
Colorado	\$856,000,000
Connecticut	\$870,000,000
Delaware	\$258,000,000
District of Columbia	\$212,000,000
Florida	\$5,441,000,000
Georgia	\$2,734,000,000
Hawaii	\$263,000,000
Idaho	\$271,000,000
Illinois	\$3,909,000,000
Indiana	\$2,164,000,000
Iowa	\$824,000,000
Kansas	\$741,000,000
Kentucky	\$1,841,000,000
Louisiana	\$1,662,000,000
Maine	\$406,000,000
Maryland	\$1,555,000,000
Massachusetts	\$1,588,000,000
Michigan	\$3,405,000,000
Minnesota	\$1,027,000,000
Mississippi	\$1,298,000,000
Missouri	\$2,173,000,000
Montana	\$247,000,000
Nebraska	\$439,000,000
Nevada	\$762,000,000
New Hampshire	\$339,000,000
New Jersey	\$2,226,000,000
New Mexico	\$397,000,000
New York	\$5,303,000,000
North Carolina	\$2,829,000,000
North Dakota	\$158,000,000
Ohio	\$4,146,000,000
Oklahoma	\$1,334,000,000
Oregon	\$908,000,000
Pennsylvania	\$3,941,000,000
Rhode Island	\$283,000,000
South Carolina	\$1,672,000,000
South Dakota	\$189,000,000
Tennessee	\$2,440,000,000
Texas	\$5,540,000,000
Utah	\$244,000,000
Vermont	\$172,000,000
Virginia	\$2,080,000,000
Washington	\$1,503,000,000
West Virginia	\$850,000,000
Wisconsin	\$1,413,000,000
Wyoming	\$136,000,000

Source: Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC): Adult SAMMEC and Maternal and Child Health (MCH) SAMMEC software. Available at <http://www.cdc.gov/tobacco/sammecc>.

Tobacco Settlement Revenue, 2001

State	Settlement Revenue
Alabama	\$96,961,493
Alaska	\$21,176,139
Arizona	\$87,669,615
Arkansas	\$51,364,510
California	\$759,225,833
Colorado	\$85,026,250
Connecticut	\$110,430,429
Delaware	\$23,523,288
District of Columbia	not available
Florida	\$731,300,000
Georgia	\$152,235,170
Hawaii	\$35,800,091
Idaho	\$22,531,022
Illinois	\$288,674,835
Indiana	\$106,515,675
Iowa	\$53,940,181
Kansas	\$51,707,586
Kentucky	\$104,957,133
Louisiana	\$139,997,812
Maine	\$47,268,164
Maryland	\$140,202,664
Massachusetts	\$240,246,288
Michigan	\$258,862,265
Minnesota	\$336,997,000
Mississippi	\$211,149,286
Missouri	\$142,110,326
Montana	\$26,248,117
Nebraska	\$36,903,219
Nevada	\$37,830,589
New Hampshire	\$43,303,862
New Jersey	\$239,846,695
New Mexico	\$36,989,850
New York	\$754,339,700
North Carolina	\$142,728,818
North Dakota	\$22,701,724
Ohio	\$312,446,299
Oklahoma	\$64,265,818
Oregon	\$68,264,932
Pennsylvania	\$341,834,697
Rhode Island	\$44,589,359
South Carolina	\$72,961,122
South Dakota	\$21,642,999
Tennessee	\$151,394,114
Texas	\$974,220,834
Utah	\$27,593,646
Vermont	\$24,458,081
Virginia	\$126,823,184
Washington	\$127,351,202
West Virginia	\$54,981,783
Wisconsin	\$123,248,769
Wyoming	\$14,772,038

Source: National Conference of State Legislatures, 2001.

Gross State Cigarette Taxes, Fiscal Year 2000

State	Gross Cigarette Tax
Alabama	\$70,655,000
Alaska	\$43,092,000
Arizona	\$162,795,000
Arkansas	\$82,409,000
California	\$1,176,859,000
Colorado	\$60,818,000
Connecticut	\$117,215,000
Delaware	\$25,957,000
District of Columbia	\$17,050,000
Florida	\$426,269,000
Georgia	\$67,064,000
Hawaii	\$40,050,000
Idaho	\$25,250,000
Illinois	\$485,041,000
Indiana	\$117,604,000
Iowa	\$92,817,000
Kansas	\$50,887,000
Kentucky	\$18,724,000
Louisiana	\$92,299,000
Maine	\$77,235,000
Maryland	\$200,760,000
Massachusetts	\$274,467,000
Michigan	\$601,780,000
Minnesota	\$177,262,000
Mississippi	\$49,247,000
Missouri	\$107,169,000
Montana	\$12,442,000
Nebraska	\$44,994,000
Nevada	\$61,017,000
New Hampshire	\$93,588,000
New Jersey	\$393,179,000
New Mexico	\$21,007,000
New York	\$738,115,000
North Carolina	\$42,378,000
North Dakota	\$21,132,000
Ohio	\$271,260,000
Oklahoma	\$63,926,000
Oregon	\$166,359,000
Pennsylvania	\$333,665,000
Rhode Island	\$58,788,000
South Carolina	\$28,077,000
South Dakota	\$19,251,000
Tennessee	\$79,981,000
Texas	\$536,877,000
Utah	\$46,235,000
Vermont	\$24,144,000
Virginia	\$16,918,000
Washington	\$254,770,000
West Virginia	\$33,766,000
Wisconsin	\$251,616,000
Wyoming	\$5,704,000

Source: Orzechowski and Walker, 2001.

Cigarette Excise Tax per Pack—February 1, 2002

State	Excise Tax per Pack
Alabama	\$0.165
Alaska	\$1.000
Arizona	\$0.580
Arkansas	\$0.315
California	\$0.870
Colorado	\$0.200
Connecticut	\$0.500
Delaware	\$0.240
District of Columbia	\$0.650
Florida	\$0.339
Georgia	\$0.120
Hawaii	\$1.000
Idaho	\$0.280
Illinois	\$0.580
Indiana	\$0.155
Iowa	\$0.360
Kansas	\$0.240
Kentucky	\$0.030
Louisiana	\$0.240
Maine	\$1.000
Maryland	\$0.660
Massachusetts	\$0.760
Michigan	\$0.750
Minnesota	\$0.480
Mississippi	\$0.180
Missouri	\$0.170
Montana	\$0.180
Nebraska	\$0.340
Nevada	\$0.350
New Hampshire	\$0.520
New Jersey	\$0.800
New Mexico	\$0.210
New York*	\$1.500
North Carolina	\$0.050
North Dakota	\$0.440
Ohio	\$0.240
Oklahoma	\$0.230
Oregon	\$0.680
Pennsylvania	\$0.310
Rhode Island	\$1.000
South Carolina	\$0.070
South Dakota	\$0.330
Tennessee	\$0.130
Texas	\$0.410
Utah	\$0.515
Vermont	\$0.440
Virginia	\$0.025
Washington**	\$1.425
West Virginia	\$0.170
Wisconsin	\$0.770
Wyoming	\$0.120

*Effective April 2002.

**Effective July 2002.

**Cigarette Sales, Fiscal Year 2000:
Number of Packs Sold and Taxed, Per Capita**

State	Per Capita Sales
Alabama96.2
Alaska66.0
Arizona58.5
Arkansas99.4
California41.6
Colorado73.0
Connecticut71.4
Delaware140.7
District of Columbia50.2
Florida82.5
Georgia70.9
Hawaii31.9
Idaho66.9
Illinois70.0
Indiana125.5
Iowa88.9
Kansas79.8
Kentucky156.2
Louisiana104.3
Maine82.9
Maryland57.7
Massachusetts58.3
Michigan83.7
Minnesota76.0
Mississippi97.2
Missouri113.8
Montana75.5
Nebraska77.6
Nevada93.2
New Hampshire147.3
New Jersey60.1
New Mexico53.8
New York57.8
North Carolina109.0
North Dakota72.5
Ohio99.9
Oklahoma108.9
Oregon72.0
Pennsylvania87.9
Rhode Island83.1
South Carolina103.9
South Dakota75.1
Tennessee108.7
Texas69.3
Utah40.7
Vermont88.9
Virginia96.7
Washington52.8
West Virginia107.9
Wisconsin80.1
Wyoming90.5

Source: Orzechowski and Walker, 2001.

Tobacco Control Funding Summary, Fiscal Year 2002

State	CDC Low Estimate for Total Program Cost	Total Tobacco Control Funding, 2002	Per Capita Funding, 2002	Percentage of CDC Low Estimate
Alabama	\$26,740,000	\$2,226,923	\$0.50	.8%
Alaska	\$8,088,000	\$4,899,804	\$7.72	.61%
Arizona	\$27,788,000	n/a	n/a	n/a
Arkansas	\$17,906,000	\$14,118,428	\$5.30	.79%
California	\$165,098,000	\$137,816,465	\$4.02	.83%
Colorado	\$24,546,000	\$14,924,792	\$3.39	.61%
Connecticut	\$21,240,000	\$2,573,529	\$0.75	.12%
District of Columbia	\$7,479,000	\$584,449	\$1.03	.8%
Delaware	\$8,631,000	\$6,237,661	\$7.85	.72%
Florida	\$78,383,000	\$30,603,004	\$1.88	.39%
Georgia	\$42,591,000	\$23,903,594	\$2.86	.56%
Hawaii	\$10,778,000	\$23,397,789	\$19.16	.217%
Idaho	\$11,044,000	\$2,669,888	\$2.02	.24%
Illinois	\$64,909,000	\$50,821,349	\$4.06	.78%
Indiana	\$34,784,000	\$6,692,125	\$1.09	.19%
Iowa	\$19,347,000	\$11,127,313	\$3.78	.58%
Kansas	\$18,052,000	\$2,771,608	\$1.02	.15%
Kentucky	\$25,090,000	\$4,912,696	\$1.21	.20%
Louisiana	\$27,132,000	\$2,339,851	\$0.52	.9%
Maine	\$11,189,000	\$14,018,672	\$10.96	.125%
Maryland	\$30,301,000	\$32,299,397	\$6.04	.107%
Massachusetts	\$35,244,000	n/a	n/a	n/a
Michigan	\$54,804,000	\$6,334,605	\$0.63	.12%
Minnesota	\$28,624,000	\$30,191,558	\$6.07	.105%
Mississippi	\$18,788,000	\$22,594,439	\$7.87	.120%
Missouri	\$32,767,000	\$23,542,752	\$4.17	.72%
Montana	\$9,355,000	\$1,904,621	\$2.09	.20%
Nebraska	\$13,308,000	\$8,643,236	\$5.01	.65%
Nevada	\$13,477,000	\$5,116,564	\$2.46	.38%
New Hampshire	\$10,888,000	\$4,406,545	\$3.53	.40%
New Jersey	\$45,073,000	\$32,461,666	\$3.83	.72%
New Mexico	\$13,711,000	\$6,935,009	\$3.75	.51%
New York	\$95,830,000	\$46,479,998	\$2.44	.49%
North Carolina	\$42,591,000	\$3,848,940	\$0.47	.9%
North Dakota	\$8,161,000	\$3,385,534	\$5.27	.41%
Ohio	\$61,735,000	\$121,630,988	\$10.67	.197%
Oklahoma	\$21,825,000	\$3,799,907	\$1.09	.17%
Oregon	\$21,131,000	\$13,052,416	\$3.75	.62%
Pennsylvania	\$65,568,000	\$43,162,000	\$3.50	.66%
Rhode Island	\$9,888,000	\$4,499,819	\$4.27	.46%
South Carolina	\$23,905,000	\$3,248,862	\$0.80	.14%
South Dakota	\$8,688,000	\$4,487,556	\$5.90	.52%
Tennessee	\$32,233,000	\$1,876,736	\$0.33	.6%
Texas	\$103,288,000	\$16,746,521	\$0.79	.16%
Utah	\$15,230,000	\$1,718,829	\$0.75	.11%
Vermont	\$7,905,000	\$7,772,084	\$12.67	.98%
Virginia	\$38,866,000	\$16,939,129	\$2.36	.44%
Washington	\$33,341,000	\$20,642,290	\$3.44	.62%
West Virginia	\$14,160,000	\$7,986,893	\$4.41	.56%
Wisconsin	\$31,158,000	\$7,469,595	\$1.38	.24%
Wyoming	\$7,381,000	\$2,073,302	\$4.16	.28%

State Data Sources and Definitions

State Data Sources and Definitions

Health Impacts

Smoking-Attributable Deaths, 1999 and *Smoking-Attributable Deaths, 1999—Disease Specific* were estimated using the Internet-based Adult Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) software program.¹ Adult SAMMEC estimates the number of smoking-attributable cancer, cardiovascular, and respiratory disease deaths among adults. Smoking-attributable deaths (SAM) are calculated using an attributable-fraction formula that combines smoking prevalence and relative risk data for current and former smokers (compared with never smokers). Age-adjusted SAM rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population to provide comparable estimates across states (these rates exclude burn deaths).

The *number of youth (0–17 years of age) projected to die prematurely from their smoking* is based on 1999 and 2000 Behavioral Risk Factor Surveillance System (BRFSS) estimates of young adult smokers who continue to smoke throughout their lifetimes as well as estimates of premature deaths attributable to smoking among continuing smokers and among those who quit after age 35 years.²

Adult Cigarette Use, 2000

Data for *Adult Cigarette Use, 2000* are from the 2000 BRFSS.³ Prevalence data for cigarette smoking among adults aged 18 years and older are shown for each state overall. For comparison purposes, each state highlight includes the BRFSS median for all states. Current smokers are defined as persons who reported ever smoking at least 100 cigarettes and who currently smoked every day or some days. Persons for whom smoking status was unknown are excluded from the analysis.

Environmental Tobacco Smoke, 1998–99

National and state data for people protected by smoking policies in their worksite were calculated using the methodology published in “State-Specific Trends in Smoke-Free Workplace Policy Coverage: The Current Population Survey Tobacco Use Supplement 1993–1999.”⁴ Worksite and home data were calculated using Current Population Survey data from 1998–1999. For worksites, the data were collected from self-respondents 15 years and older who reported having a worksite policy stating that smoking was not allowed in indoor public or common areas and work areas. For homes, data were collected from self-respondents 15 years and older who reported having a rule that smoking was not allowed anywhere in their home.⁵

Youth Tobacco Use^{6,7}

National data for *Current Cigarette Smoking Among Youth, Grades 6–8*; *Current Any Tobacco Use Among Youth, Grades 6–8*; *Current Cigarette Smoking Among Youth, Grades 9–12*; and *Current Any Tobacco Use Among Youth, Grades 9–12* are from the 2000 National Youth Tobacco Survey.

The National Youth Tobacco Survey is representative of students in grades 6–12 in public and private schools in the 50 states and the District of Columbia. Current smokers are defined as those students who reported smoking cigarettes on 1 or more of the past 30 days preceding the survey. Current any tobacco users are defined as those students who reported using cigarettes or cigars or smokeless tobacco or pipes or bidis or kreteks on 1 or more of the 30 days preceding the survey.

State-specific data for *Current Cigarette Smoking Among Youth, Grades 6–8*; *Current Any Tobacco Use Among Youth, Grades 6–8*; *Current Cigarette Smoking Among Youth, Grades 9–12*; and *Current Any Tobacco Use Among Youth, Grades 9–12* are from the state school-based Youth Tobacco Survey (YTS) or the state school-based Youth Risk Behavior Survey (YRBS).

Thirty-eight states and the District of Columbia collected weighted data from the YTS between 1998 and spring 2001. The YTS is representative of middle school students (grades 6–8) and high school students (grades 9–12) in each state. Data from surveys included in this report had an overall response rate of at least 60%. Thus, the data were weighted and can be generalized to all middle school students and high school students in the state. Current smokers are defined as those students who reported smoking cigarettes on 1 or more of the past 30 days preceding the survey. Current any tobacco users are defined as those students who reported using cigarettes or cigars or smokeless tobacco or pipes or bidis or kreteks on 1 or more of the 30 days preceding the survey.

Thirty-seven states and the District of Columbia have collected weighted data from the YRBS between 1991 and spring 1999. The YRBS is representative of high school students (grades 9–12) in each state. Data from surveys included in this report had an overall response rate of at least 60%. Thus, the data were weighted and can be generalized to all high school students in the state. Current smokers are defined as those students who reported smoking cigarettes on 1 or more of the past 30 days preceding the survey. Current any tobacco users are defined as those students who reported using cigarettes or cigars or chewing tobacco or snuff on 1 or more of the 30 days preceding the survey.

Disparities Among Adult Population Groups, 2000⁸

Prevalence data for cigarette smoking among adults aged 18 and older are collected from the 2000 BRFSS and are presented by demographic groups, including racial/ethnic, sex, education level, and age. Prevalence estimates for racial/ethnic subgroups are reported for combined years (1999–2000) because of small sample sizes. Data are shown only for demographic groups with at least 50 respondents. Readers should interpret demographic group estimates with caution, because the number of respondents, particularly among racial/ethnic subgroups, may be small. Data on education are presented for persons aged 25 years or older. Estimates are for the civilian, non-institutionalized population. The table of BRFSS estimates (see table) can also be used for comparison.

Economic Impacts and Investments

The *Percentage of the Center for Disease Control and Prevention's (CDC's) Best Practices Recommendations* was calculated by dividing the total funding amount for the state tobacco control program by CDC's *Best Practices* lower and upper estimate recommendations for total program annual cost.⁹

Smoking-Attributable Medicaid Expenditures were estimated using published data on the smoking-attributable fraction (SAF) of total Medicaid expenditures in each state as of 1993¹⁰ and personal health care expenditures paid by Medicaid in fiscal year 1998 obtained from the Centers for Medicare and Medicaid Services (CMS) available at <http://www.hcfa.gov>. Medicaid expenditures on personal health care include both state and federal funds. The federal government's share of Medicaid spending in each state varies from 50% to 76%.

**Summary Prevalence Estimates of Adult Cigarette Smoking
by Demographic Characteristics, BRFSS 2000***

	Number of States [†]	Median	Minimum	Maximum
Overall	51	23.3	12.9	30.5
Men	51	24.5	14.5	33.4
Women	51	21.2	11.4	29.5
<12 years education	51	30.1	15.9	49.5
12 years education	51	26.6	19.4	32.4
>12 years education	51	17.5	7.7	24.0
White	51	23.2	13.0	30.4
African American	42	23.3	7.9	39.0
Hispanic	50	23.0	12.7	38.3
Asian/Pacific Islander	28	13.4	5.6	24.9
American Indian/AN [‡]	26	34.5	10.9	60.8
18–24 years old	51	31.1	16.9	39.7
25–44 years old	51	27.1	13.9	36.6
45–64 years old	51	22.4	13.4	32.4
65+ years old	51	9.8	4.2	15.7

*BRFSS = Behavioral Risk Factor Surveillance System.
[†]The term “States” includes all 50 states and the District of Columbia.
[‡]AN = Alaska Native.

Smoking-Attributable Direct Medical Expenditures, 1998 were derived from published estimates of the SAF of personal health care expenditures in 1993¹¹ and 1998 personal health care expenditure data obtained from CMS. Annual state medical expenditures attributable to cigarette smoking were estimated using an econometric model of annual individual expenditures for four types of medical services: ambulatory care, hospital care, prescription drugs, and other care (including home health care, nonprescription drugs, and other nondurable medical products). Expenditures for vision products and dental care were excluded. The econometric models calculate the fractions of medical costs in each state in 1993 that are attributable to smoking using the 1987 National Medical Expenditure Survey, 1993 data from the Tobacco Use Supplement to the Current Population Survey (CPS) sponsored by the National Cancer Institute, the March CPS, and the BRFSS. Nursing home SAFs are based on a nursing home model that indicates the probability of admission. Costs do not take into account differences in life expectancy between smokers and nonsmokers and therefore do not reflect total lifetime medical care costs.

Smoking-Attributable Productivity Costs, 1999 reflects the productivity costs from smoking-attributable premature deaths. These data were calculated using estimates of the present value of future earnings (PVFE) from paid market and unpaid household work. Age-specific data for 1990 were obtained from Haddix and colleagues (1996).¹²

State Revenue from Tobacco Sales and Settlement

The *tobacco settlement revenue received in 2001* was published by the National Conference of State Legislatures in the report *State Management and Allocation of Tobacco Settlement Revenue 1999–2001*.¹³

The *gross cigarette tax revenue collected in 2000* was published in *The Tax Burden on Tobacco: Historical Compilation 2000*¹⁴ and reflects gross state cigarette taxes collected during fiscal year 2000 ending June 30.

The *cigarette tax per pack* was analyzed from state legislation as of the end of the third quarter in 2001.

The *cigarette sales data* were published in *The Tax Burden on Tobacco: Historical Compilation 2000*¹⁴ and reflect tax paid per capita sales during fiscal year 2000 ending June 30.

Investment in Tobacco Control

The *State Appropriation—Settlement (Tobacco Only)* amount was gathered through an analysis of state appropriations legislation. These appropriations used funds generated by settlements with the tobacco industry to resolve lawsuits by states to recover Medicaid expenditures incurred as a result of tobacco use. The figure reflects funding specifically appropriated to any government agency, foundation, trust fund, board, or university for tobacco control programs for state fiscal year 2002. The footnotes indicate appropriations where tobacco was mentioned but the amount for tobacco could not be determined. For example, tobacco may be a component of a program that includes alcohol and other drugs. The analysis does not include funds dedicated toward tobacco research activities, health services, or tobacco farmers or tobacco-dependant communities.

The *State Appropriation—Excise Tax Revenue* amount represents state appropriations for fiscal year 2001 resulting from an increase in the state's excise tax on tobacco to support statewide tobacco use prevention and control programs. In some cases, states have dedicated a portion of this excise tax revenue to serve as a stable funding stream for state tobacco control programs.

State Appropriation—Other includes any funds appropriated for fiscal year 2002 from state resources outside of the settlement or the tobacco excise tax with the specific purpose of supporting tobacco use prevention and control activities and programs.

To verify state appropriations, letters and forms were mailed to state budget offices and addressed to the prime contacts provided by the National Association of State Budget Officers. Forty state budget offices and the District of Columbia communicated budget information to CDC's Office on Smoking and Health, accounting for an approximately 80% response rate. In some cases, the budget amounts provided by the state budget offices were not reported, because they may have been over-ruled by a decision rule from the Office on Smoking and Health regarding the categorization of funding.

Non-Government State Funding—Other includes funding from non-appropriated state sources. The states of Minnesota and Mississippi established a foundation and a partnership, respectively, to support tobacco prevention and control activities through consent decrees signed as part of

individual settlements with the tobacco industry in order to resolve lawsuits to recover Medicaid expenditures incurred as a result of tobacco use. The budgets of these entities represent a large share of the states' funding for tobacco control programs.

Federal—CDC Office on Smoking and Health includes funding to state health departments from CDC's Office on Smoking and Health as part of the National Tobacco Control Program. This amount represents funds awarded between June 2001 and May 2002. The funding amount may consist of unobligated funds, base award amounts, and supplemental programs. Some awards include supplemental funds for one or more of the following purposes: (1) identify and eliminate disparities among population groups, (2) conduct the Adult Tobacco Survey, and (3) implement asthma and sports programs. The purpose of the National Tobacco Control Program is to build and maintain tobacco control programs within state and territorial health departments for a coordinated national program to reduce the health and economic burden of tobacco use. The focus of the program is based on the recently published *Best Practices for Comprehensive Tobacco Control Programs*, which emphasizes population-based community interventions, counter-marketing, program policy, and surveillance and evaluation. These efforts are directed at social and environmental changes to reduce the prevalence and consumption of tobacco by adults and young people among all populations, eliminate exposure to secondhand smoke, and identify and eliminate disparities experienced by population groups relative to tobacco use and its effects.

Federal—SAMHSA (Substance Abuse and Mental Health Services Administration) includes the Substance Abuse Prevention and Treatment (SAPT) Block Grant, which makes available through formula grants to the states and U.S. jurisdictions \$1.6 billion annually to support the development and delivery of substance abuse prevention and treatment services nationwide. State substance abuse agencies use the prevention portion of the SAPT Block Grant funding to implement programs that focus on preventing the use of alcohol, tobacco, and other drugs. States are not required to report how much of their block grant funding is spent on tobacco use prevention.

States and U.S. jurisdictions that receive SAPT Block Grant funds are required, as a precondition of award, to enact and enforce laws making illegal the sale and distribution of tobacco products to individuals under the age of 18 (Synar Amendment). The Synar Amendment and its implementing regulation also require each state to conduct annual, random, unannounced surveys of tobacco retailers in order to measure their compliance with state laws and to meet negotiated retailer violation targets and a final goal of 20% less retailer noncompliance. Failure to meet the requirements of the Synar Amendment and its implementing regulations subjects a state to a penalty of up to 40% of its SAPT Block Grant award, depending on the year of noncompliance. SAMHSA has provided, and continues to provide, extensive technical assistance and guidance to assist the states and jurisdictions in the development of comprehensive programs that include strong tobacco control policies, ongoing law enforcement, community awareness and media advocacy strategies, and merchant education and training. The amount represented under SAMHSA is the funding amount of SAPT Block Grant funds that the state reported having committed toward implementing the requirements under the Synar Amendment.

Non-Government Source—American Legacy Foundation includes funding from the American Legacy Foundation, an independent, national public health foundation created by the November 1998 Master Settlement Agreement. The organization's goals are to reduce youth tobacco use, decrease exposure to secondhand smoke, reduce disparities in access to prevention and cessation services, and increase successful quit rates. This line item represents program funding made to the

state or its local entities between October 1, 2000, and September 30, 2001. These grants support youth movements against tobacco use, programs to enhance applied research for tobacco control, and work with priority population groups.

Non-Government Source—RWJF/AMA (Robert Wood Johnson Foundation/American Medical Association) via the SmokeLess States National Program Office awarded \$35 million in 40 new grants to statewide coalitions as part of the \$52 million SmokeLess States National Tobacco Policy Initiative. Funding cycles for these awards vary between a March and June 2001 start date. Additional states may receive awards with the next funding cycle. SmokeLess States is a private-sector effort, established in 1993, that supports activities of statewide coalitions working to improve the tobacco policy environment. Grant recipient efforts are complemented with matching funds and aimed at any or all of three policy areas: (1) increasing state tobacco excise taxes in order to reduce the demand for tobacco products, (2) reducing exposure of the population to secondhand smoke, and (3) fostering changes in Medicaid and private insurance to cover tobacco-dependence treatment. The policy areas were chosen to significantly diminish the burden of tobacco use. In addition to the 40 grants awarded, statewide coalitions will be able to compete for an additional \$8 million in Special Opportunities Grant (SOG) funds. The SOG program was established as part of SmokeLess States several years ago to provide grantees with supplemental funding for unforeseen special initiatives arising from shifts in the local or state tobacco policy environment that provide unique opportunities for action.

Fiscal year 2002 Total Investment in Tobacco Control includes the total investment in state tobacco control programs from state sources, including settlement, excise tax, and other, as well as federal (CDC and SAMHSA) and non-government (American Legacy Foundation and RWJF/AMA) sources.

Per Capita Funding was calculated by dividing the state population according to the results of the 2000 Census with the total funding for tobacco control in fiscal year 2002.

CDC's Best Practices Recommended Annual Total Costs and Recommended Annual Per Capita Lower and Upper Estimates are based on an evidence-based analysis of comprehensive state tobacco control programs published in CDC's *Best Practices for Comprehensive Tobacco Control Programs—August 1999*.⁹

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